

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 3502 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clark Twnshp</u>		c. LENGTH OF STAY (in this place) <u>67yrs</u>	c. CITY OR TOWN <u>Clark Twnshp</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.#2, Jefferson City, Mo</u>		e. STREET ADDRESS (If rural, give location) <u>R.R.#2, Jefferson City, Mo</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Otilie</u>	b. (Middle) <u>Anna Margaret</u>	c. (Last) <u>Jacobs</u>	(Month) <u>Aug</u>	(Day) <u>25</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug-20-1888</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>George Hischman</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Goetz</u>	14. NAME OF HUSBAND OR WIFE <u>Elder C. Jacobs</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Elder C. Jacobs, R.R.#2, Jeff City Mo</u>
		ADDRESS <u>R.R.#2, Jeff City Mo</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatous</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cervical suti</u> DUE TO (c) <u>probably the stomach</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>151X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 12, 1955 to Aug 25, 1955 and that death occurred at 3:01 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Dean Taylor M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Jefferson City</u>	23c. DATE SIGNED <u>8/27/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/27/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Honey Creek, Missouri</u>

DATE REC'D BY LOCAL REG. <u>Sept 2 - 1955</u>	REGISTRAR'S SIGNATURE <u>Miss L. Glover</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Thorp & Gordon</u>	ADDRESS <u>Jefferson City, MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS OCT 30 1959

JAN 26 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Joseph J. Cordum*
Licensed Embalmer No. *2876*

P. O. Address *Jeff City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.