

FILED NOV 28 1955

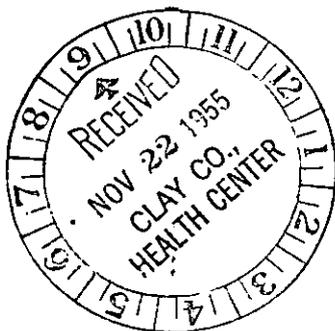
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36295**

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>5292</u>		Registrar's No. <u>81</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Platte</u>		c. LENGTH OF STAY (in this place) <u>2 Yrs.</u>		c. CITY OR TOWN <u>Gashland</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles East Smithville</u>				e. STREET ADDRESS (If rural, give location) <u>5 Miles Northwest of Gashland</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u>		b. (Middle) <u>Ellen</u>		c. (Last) <u>Jacks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 11, 1955</u>			
5. SEX <u>Fe</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 13, 1868</u>			
9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>29</u>		IF UNDER 1 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John M. Jacks</u>			13b. MOTHER'S MAIDEN NAME <u>Prudence Marshall</u>			14. NAME OF HUSBAND OR WIFE <u>None</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Jacks</u>		ADDRESS <u>Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>				ANTECEDENT CAUSES				DUE TO (b) <u>Cerebral arteriosclerosis</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)				<u>15 years</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>334X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>July, 1955</u> , to <u>Nov, 1955</u> , that I last saw the deceased alive on <u>Nov 11, 1955</u> , and that death occurred at <u>6:30 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Albert J. Brady M.D.</u>				23b. ADDRESS <u>Smithville, Mo</u>				23c. DATE SIGNED <u>Nov 13, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-13-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Second Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Platte County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11/14/55</u>		REGISTRAR'S SIGNATURE <u>Alice L. Humphrie Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McComas Funeral Home</u>		ADDRESS <u>Smithville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
10
10



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.....
Donald W. Hanks

Licensed Embalmer No. *452*

P. O. Address *Smithville, Mo.*

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.