

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

36892

4753

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>25 years</u>	c. CITY OR TOWN <u>Kansas City</u>	d. Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u>		STREET ADDRESS (If rural, give location) <u>3222 Tracy</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALBERT</u>	b. (Middle) <u>R</u>	c. (Last) <u>JACOBSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 4 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 6 1885</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Verona Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John A. Jacobson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Linquist</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED MEMBER 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>484-10-5477</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. G. S. Ross</u>	ADDRESS <u>116 E. 46th St. KC Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Stenosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Calcific disease, aortic valve</u> DUE TO (c) <u>Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4211</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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct. 21 - 1955, to Nov. 4 - 1955, that I last saw the deceased alive on Nov. 4 - 1955, and that death occurred at 10:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Brust</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>106 W. 15th St. KC Mo</u>	23c. DATE SIGNED <u>11/4/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Reburial</u>	24b. DATE <u>November 6 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Verona Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-5-55</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilke Funeral Home</u>	ADDRESS <u>2315 Linnwood St. KC Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

W. Carl H. Ernst
No. 0060

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... *Chas E. Wilks*

Licensed Embalmer No. *264*
P. O. Address *H. C. M. O.*

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.