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40THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **7939**

FILED MAR 28 1956

BIRTH NO.		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>5000</b>		Registrar's No. <b>84</b>	
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural - Kirksville</b>		c. LENGTH OF STAY (In this place) <b>3 mo.</b>		c. CITY OR TOWN <b>Downing</b>		d. STREET ADDRESS (If rural, give location) <b>0980</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Effie</b> b. (Middle) <b>May</b> c. (Last) <b>Jacobs</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 23, 1956</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb 11, 1889</b>	
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>73</b>	
11. BIRTHPLACE (State or foreign country) <b>Schuyler, Co., Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Paul T. McCloskey</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Thomas</b>	
14. NAME OF HUSBAND OR WIFE <b>Melvin Jacobs</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Raymond Shaw, Lancaster, Mo.</b> ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Nephritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b>				5 yrs.			
-DUE TO (c)				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? <b>4500</b>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., 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 <b>Jan 15, 1956</b> , to <b>March 23, 1956</b> , that I last saw the deceased alive on <b>March 21, 1956</b> and that death occurred at <b>6:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <b>Harold H. P. ...</b>				23b. ADDRESS <b>La Plata Mo.</b>		23c. DATE SIGNED <b>3/23/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>March 25, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Downing Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Downing Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-24-56</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Moore Funeral Home</b> ADDRESS <b>Downing, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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**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 .....  
Student Embalmer

Signed Neal Payne.....

Licensed Embalmer No. 2550.....

P. O. Address Memphis TN.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.