

FILED APR 16 1956

STANDARD CERTIFICATE OF DEATH

State File No. **10245**BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **196**

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY RAN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SALT SPRING TWP. 3 1/2 MO.		c. LENGTH OF STAY (in this place) 3 1/2 MO.		c. CITY OR TOWN MOBERLY	
d. FULL NAME OF HOSPITAL OR INSTITUTION PLEASANT VIEW REST HOME		STREET ADDRESS (If rural, give location) 609 TAYLOR		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) CORDELIA c. (Last) JACOBS			4. DATE OF DEATH (Month) (Day) (Year) APRIL 10 1956		
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5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.		8. DATE OF BIRTH JULY 22, 1868		9. AGE (In years last birthday) 97		IF UNDER 1 YEAR Months 8 Days 18		IF UNDER 24 HRS. Hours — Min. —	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME HARTFORD C. CARROLL		13b. MOTHER'S MAIDEN NAME MARY F SHEARMAN		14. NAME OF HUSBAND OR WIFE WARD V. JACOBS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MARY A. GREEVES		ADDRESS 609 TAYLOR	
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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, asthenia, 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) Chronic myocarditis		DUPLICATE OF (b) arterio sclerosis				1 week	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c) _____				Unknown	
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 none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4221	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK 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 **Feb 2, 1956**, to **April 9, 1956**, that I last saw the deceased alive on **4/9/56**, 19____, and that death occurred at **8:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Dwyer MD		23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 4/10/56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-12-1956		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEM.		24d. LOCATION (City, town, or county) (State) HOLLIDAY, MO.	
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DATE REC'D BY LOCAL REG. 4/10/56		REGISTRAR'S SIGNATURE Mary H. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE Speed + Blakey		ADDRESS PARIS, MISSOURI	
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(Licensed Embalmer's Statement on Reverse Side)

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

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..... *E. H. Agnew*

Licensed Embalmer No. *400*

P. O. Address..... *PARIS, MISS.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.