

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 7 1956

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>JOHNSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stilwell</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R. 2 D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Obispo Nursing Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JO ANN</u>	b. (Middle) <u>(NMI)</u>	c. (Last) <u>JACOBSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31-1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>JAN. 15-1945</u>	9. AGE (In years last birthday) <u>11</u> Months <u>4</u> Days <u>16</u>	IF UNDER 1 YEAR Hours Min.	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) <u>Child</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Columbus, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Joseph P. Jacobson</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret STANTON</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records - Ind. Ins.</u>	ADDRESS
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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) <u>Convulsive Seizure</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral Palsy</u> DUE TO (c) <u>Unknown</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>352x</u>	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) <u>Indep. Jackson Mo.</u>
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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?
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22. I hereby certify that I attended the deceased from 1954, to 5-31, 1956, that I last saw the deceased alive on 4-25, 1956, and that death occurred at 10 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Rockwell M.D.</u>	23b. ADDRESS <u>11037 Winnie Rd.</u>	23c. DATE SIGNED <u>5-31-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-31-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Valley Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Stanley KS</u>
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DATE REC'D BY LOCAL REG. <u>5-31-56</u>	REGISTRAR'S SIGNATURE <u>James K. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Wm. ...</u>	ADDRESS <u>Cluthe KS</u>
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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 _____

Martin W. Frye

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Martin W. Frye

Licensed Embalmer No. 3615

P. O. Address. Oshtemo, K.S.

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