

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34040

STATE FILE NUMBER

Registration District No. 144 Primary Registration District No. 1022 Registrar's No. 8419

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN THAYER	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Length of stay in lb 6 mo.	
3. NAME OF DECEASED (Type or print) First Middle Last Charles P. Jacobs		4. DATE OF DEATH Month Day Year Oct. 11 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 5, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY R.R. Employee	
11. BIRTHPLACE (City and state or country) Nashville Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John L. Jacobs		14. MOTHER'S MAIDEN NAME Bella Kelly	
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. none	
17. INFORMANT Mrs. Neil Jacobs		Address THAYER, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma Lung (left) Primary			INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			102X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinomatosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from May 1956 to 10/11/56 and last saw him alive on 10/10/56 ✓ Death occurred at Trinity Hosp on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Tesson (Degree or title) M.D.		22b. ADDRESS 907 Rialto Bldg	22c. DATE SIGNED 10/11/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10/11/56	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) THAYER OREGON Mo.
24. FUNERAL DIRECTOR Stine & McClure		ADDRESS 11. C. mo.	25. DATE RECD. BY LOCAL REG. 10-11-56
			26. REGISTRAR'S SIGNATURE Norm Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James A. Tesson, M.D.

(Licensed Embalmer's Statement on Reverse Side)

*Fr. Geo. A. Tesson
Rial to Bldg
Trinity Hosp.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elias D. Lipscomb*

Licensed Embalmer No. *40*

P. O. Address *Kansas*

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.