

Doctor, coroner, etc.: must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34370

STATE FILE NUMBER

FILED NOV 15 1956

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 487

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1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Rest Home 2 mo.		d. STREET ADDRESS (If outside, give location) 1016 Allen Rd.	

3. NAME OF DECEASED (Type or print) First Martin Middle C. Last Jacobs			4. DATE OF DEATH Month Nov. Day 6 Year 1956		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Nov. 6, 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Adair Co. Mo.	

13. FATHER'S NAME Lewis Jacobs		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Geo. K. Barnes		Address Independence, 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) Bronchial Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 1 week
DUE TO (b) Cancer of Prostate			
DUE TO (c) metastases to lungs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 2:50A Month 11 Day 6 Year 1956 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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 _____, to _____ and last saw her/him alive on _____
Death occurred at **2:50A** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Geo. C. Carson (Degree or title)	22b. ADDRESS 10229 Independence	22c. DATE SIGNED 11-6-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/6/56	23c. NAME OF CEMETERY OR CREMATORY unknown	23d. LOCATION (City, town, or county) (State) Lyons, Kansas
24. FUNERAL DIRECTOR Geo. C. Carson Independence, Mo.		25. DATE RECD. BY LOCAL REG. 11-6-56	26. REGISTRAR'S SIGNATURE Lenora [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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NOV 13 1956

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 C. Ray Lunderback, Student Embalmer No. 5 working under my personal supervision..

Student C. Ray Lunderback
Signature of Student Embalmer

Signed Harold E. Waadre

Licensed Embalmer No. 4

P. O. Address Judge

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.