

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 13 1957

State File No. 1628

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 55 21

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. LENGTH OF STAY (In this place) <u>11 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>601 Lone Elm Road</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 Lone Elm Road</u>			d. STREET ADDRESS (If rural, give location) <u>601 Lone Elm Road</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>JACOBS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 7, 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>August 19, 1879</u>	9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Production Dept.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sinclair Oil Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Newton County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joel Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased Cordelia Jacobs (1906)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Zella Endicott, Joplin, Missouri</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxic Myocarditis</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremic Poisoning</u> DUE TO (c) <u>Prostatic Carcinoma</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> <u>10 days</u> <u>2 yrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177x</u>				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	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 <u>7-14</u> , 19 <u>55</u> , to <u>1-7</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>1-7</u> , 19 <u>57</u> , and that death occurred at <u>8:10P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>H. B. Jew</u>		23b. ADDRESS <u>D.O. 2 530 1/2 Main St., Joplin, Mo.</u>		23c. DATE SIGNED <u>1-10-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-10-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County, Missouri</u>		
DATE REC'D BY LOCAL REG <u>Feb. 8-57</u>	REGISTRAR'S SIGNATURE <u>Dove Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary, Joplin, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY - USING INK

728
1957

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

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, Mo.

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.