

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25212

STATE FILE NUMBER

FILED JUL 16 1957

Registration District No. 170 Primary Registration District No. 5626 Registrar's No. 110

Health, Welfare and Public Service  
000  
-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Use only black ink or ribbon type if possible.

1. PLACE OF DEATH a. COUNTY <b>Laclede.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ESBORNAKE Twp. Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Crocker, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Long's Nursing H.</b>		Length of stay in lb <b>8 days.</b>	d. STREET ADDRESS <b>None.</b>		(If outside, give location) <b>0</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Amanda.</b> Middle <b>Jacobs.</b> Last <b>Jacobs.</b>			4. DATE OF DEATH Month <b>July</b> Day <b>9,</b> Year <b>1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 28, 1874</b>	9. AGE (In years (age birthday)) <b>82</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None.</b>	11. BIRTHPLACE (City and state or country) <b>Marshfield, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>August Lutz...</b>			14. MOTHER'S MAIDEN NAME <b>Anna Unknown....</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT <b>John E. Jacobs Crocker, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIO-VASCULAR Renal Disease</b> DUE TO (b) <b>ATROPHIC ARTHRITIS</b> DUE TO (c) <b>442X</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					INTERVAL BETWEEN ONSET AND DEATH <b>5 YRS.</b> <b>15 YRS.</b>
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.) <b>-</b>			
20c. TIME OF INJURY Hour <b>-</b> Month <b>-</b> Day <b>-</b> Year <b>-</b> a. m. <b>-</b> p. m. <b>-</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>-</b>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Crocker, Missouri</b>		COUNTY <b>-</b> STATE <b>-</b>	
21. I attended the deceased from <b>1942</b> to <b>July 9, 1957</b> and last saw her <sup>him</sup> alive on <b>July 3, 1957</b> Death occurred at <b>5:17</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John E. Jacobs, M.D.</b> (Degree of title)			22b. ADDRESS <b>Crocker, Missouri</b>		22c. DATE SIGNED <b>7/9/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7/10/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>	
24. FUNERAL DIRECTOR <b>Hedges Funeral Home</b> ADDRESS <b>Richland, Mo</b>		25. DATE REC'D. BY LOCAL REG. <b>7-10-1957</b>		26. REGISTRAR'S SIGNATURE <b>Willa L. Gray</b>	

Received 7-15-57  
Laclede County Health Unit  
File No. 110  
Date Filed 7-15-57

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 Clarence Dross

Licensed Embalmer No. 48

P. O. Address Claytonville

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.