

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2012

STATE FILE NUMBER

FILED FEB 7 1958

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 204

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>Calhoun</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u> | | c. CITY OR TOWN <u>Hamburg</u> | |
| c. FULL NAME OF (If NOT in hospital or institution) <u>College of Hannibal Lorraine</u> Length of stay in lb <u>1 mo.</u> | | d. STREET ADDRESS <u>Nohe</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Valentine</u> Middle <u></u> Last <u>Jacobs</u> | | 4. DATE OF DEATH Month <u>1</u> Day <u>27</u> Year <u>58</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 10, 1872</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u> | | 9. AGE (In years last birthday) <u>85</u> | 10. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (City and state or country) <u>Calhoun Co., Ill.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13. FATHER'S NAME <u>Joseph Jacobs</u> | | 14. MOTHER'S MAIDEN NAME <u>Lucinda Payton</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT <u>Mrs. J.A. Heimer</u> | | Address <u>Hannibal, Mo.</u> | |

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| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 Mo.</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Mitral Stenosis</u> | | <u>Yrs.</u> |
| DUE TO (c) <u>Metastatic Carcinoma to Liver from colon</u> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>410XH</u> | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |
| 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 <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | |
| 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 <u>1956</u> to <u>Jan 20, 1957</u> and last saw her/him alive on <u>Jan 16th</u> Death occurred at <u>5:00 A m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE <u>R M Strong MD</u> (Degree or title) | 22b. ADDRESS <u>Hannibal, Mo.</u> | 22c. DATE SIGNED <u>1-27-58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>1-27-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Summit Grove Cem.</u> |
| 23d. LOCATION (City, town, or county) <u>Calhoun Co. Ill.</u> | | (State) |
| 24. FUNERAL DIRECTOR <u>Clark Funeral Home - Hannibal, Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>Jan 28 58</u> | 26. REGISTRAR'S SIGNATURE <u>H E Mucke By J C F Cohen</u> |

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
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1-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED FEB 5 1958
MARION CO. HEALTH DEPT.
DATE FILED FEB 5 1958

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.....

Licensed Embalmer No. 42

P. O. Address Hannibal

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.