FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005619
STATE FILE NUMBER 559

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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 Kansas City — Inside Limits Yes X No ☐	c. CITY OR TOWN Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ~~2326 Oakley~~ 1700 Wabash — Length of stay in lb 50 Yrs.	d. STREET ADDRESS (If outside, give location) 2521 Poplar — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print)	First ARCHIE	Middle LEE	Last JACOBS	4. DATE OF DEATH	Month Jan Day 31 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 9 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver	10b. KIND OF BUSINESS OR INDUSTRY Red-D-Mix Co	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME Wilbur L. Jacobs		14. MOTHER'S MAIDEN NAME Olive Miller			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W W # 2	16. SOCIAL SECURITY NO. 495 07 4531	17. INFORMANT Address Mrs. Alice J. Jacobs 2521 Poplar K. C. Mo			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock + Hemorrhage resulting

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) from fractures of cervical spine +

DUE TO (c) Massive subdural hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

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 X NO ☐

20a. ACCIDENT X SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) a Parenthy fell from truck

20c. TIME OF INJURY 3:40 Hour a. m. p. m. Month, Day, Year 1-31-58

20d. INJURY OCCURRED WHILE AT WORK X NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Street

20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] Coroner

22b. ADDRESS 6622 Prospect B Cmo

22c. DATE SIGNED 2-1-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-3-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills	23d. LOCATION (City, town, or county) Kansas City (State) Missouri
24. FUNERAL DIRECTOR ADDRESS Floral Hills Mem. Chapels, Inc K. C. Mo		25. DATE RECD. BY LOCAL REG. 2-3-58	26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealhofer

FEB 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed D. S. Nofsinger

Licensed Embalmer No. 3

P. O. Address N. C.

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.