

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028694  
STATE FILE NUMBER

FILED SEP 5 1958 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 131

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kennett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Holcomb</b> c.3.50 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Dunklin Co. Mem</b>		Length of stay in lb <b>1 day</b>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Gerald Lynn Jaques</b>			4. DATE OF DEATH Month Day Year <b>Aug. 27, 1958</b>		
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5. SEX <b>Male</b> c	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Apr 4; 1939</b>	9. AGE (In years last birthday) <b>19</b>	IF UNDER 1 YEAR Months Days <b>4 23</b>	IF UNDER 24 HRS. Hours Min. <b>23</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of last year, or if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Kennett, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>James Jaques</b>	13b. MOTHER'S MAIDEN NAME <b>Stella Crafford</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Raymond Jaques Bragg City, Mo.</b> Address
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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) <b>Cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>undetermined</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hodgkins disease</b>	<b>6 mo.</b>	
DUE TO (c) _____	<b>201X</b>	
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"/> <b>2</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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from **April 1958** to **Aug 27, 1958** and last saw him alive on **Aug 27, 1958**.  
Death occurred at **2:25 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>James J. Juzzell M.D.</b>	22b. ADDRESS <b>Kennett, Missouri</b>	22c. DATE SIGNED <b>8-28-58</b>
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23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION (Specify) <b>Burial</b>	23b. DATE <b>8-30-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>OakRidge</b>	23d. LOCATION (City, town, or county) (State) <b>Kennett, Missouri</b>
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24. FUNERAL DIRECTOR <b>McDaniel Kennett, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>8-28-1958</b>	26. REGISTRAR'S SIGNATURE <b>Earl L. Husband</b>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

8981 08 2007

COUNTY FILE NUMBER 458

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 *Robert B. Baird* .....

Licensed Embalmer No. *4988* .....

P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.