

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033162

State File No. ....

FILED SEP 30 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 4239 Registrar's No. 196

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lee's Summit</b>		c. CITY OR TOWN <b>Lee's Summit</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>303 Walnut St. 700 D</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>303 Walnut St.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Reuben</b> b. (Middle) <b>T.</b> c. (Last) <b>Jacks</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 23, 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 16, 1895</b>		9. AGE (In years) (last birthday) <b>62</b> IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Street Car Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Public Serv.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Parkville, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Charles S. Jacks</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine A. Kennedy</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Jacks</b>
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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>486-07-5268</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edna Jacks, Lee's Summit, Mo.</b>	ADDRESS <b>Lee's Summit, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) <b>4201</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 9-23, 1958, to 9-23, 1958, that I last saw the deceased alive on DOA, 1958, and that death occurred at 6:35 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS <b>Lee's Summit, Mo.</b>	23c. DATE SIGNED <b>9-24-58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Sept. 25, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>

DATE REC'D BY LOCAL REG. <b>9-24-1958</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Langsford Funeral Home, Lee's Summit</b>	ADDRESS <b>MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SEP 1 1958

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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 *D. B. Langford*

Licensed Embalmer No. *496*

P. O. Address *Lee's Summit*

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.