

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044651

STATE FILE NUMBER

JAN 6 1959 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Webb City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn		Length of stay in 1b 4 days	d. STREET ADDRESS (If outside, give location) 702 W. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Jack Harold Jacobson			4. DATE OF DEATH Month Day Year December 30, 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 23, 1910	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Vickers Mfg. Co.	11. BIRTHPLACE (City and state or country) Carl Junction Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Jacobson		13b. MOTHER'S MAIDEN NAME Jennie Anderson		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.2		16. SOCIAL SECURITY NO. 492-12-5288	17. INFORMANT Address Mrs. Anna Whitworth, Webb City, Mo.		
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>Acute Circulatory Collapse</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200					INTERVAL BETWEEN ONSET AND DEATH 1 minute 2 days 2 years
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 12-26-58, to 12-30-58 and last saw <sup>x</sup> him alive on 12-30-58 Death occurred at 9:25 a. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE C.F. Gregory D.O. 2 (Degree or title)			22b. ADDRESS Webb City, Missouri		22c. DATE SIGNED 12-31-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-2-1959	23c. NAME OF CEMETERY OR CREMATORY Webb City Cemetery		23d. LOCATION (City, town, or county) (State) Webb City Missouri	
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.		25. DATE RECD. BY LOCAL REG. 1-2-59	26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		

300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

FEB 17 1959

JAN 9 1959

FEB 9 1959

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 *Richard Troy Lewis*

Licensed Embalmer No. *4405*

P. O. Address *Webb City, 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.