

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000400
STATE FILE NUMBER

FILED FEB 2 1959		Registration District No. 43	Primary Registration District No. 3007	Registrar's No. 35
1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff 01240	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp		Length of stay in 1b 5 Days	d. STREET ADDRESS (If outside, give location) 305 Vaden Road	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Arthur Jaco			4. DATE OF DEATH Month Day Year Jan. 16, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 29, 1891	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Butler Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Henry Jaco		13b. MOTHER'S MAIDEN NAME Julie Dee		14. NAME OF HUSBAND OR WIFE Mrs. Cora Jaco, Poplar
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 497-03-4356	17. INFORMANT Address Mrs. Cora Jaco, Poplar Bluff, 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) <i>Hepato-renal failure</i> DUE TO (b) <i>Post-operative complication</i> DUE TO (c) <i>Abdominal Cancer Surgery</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				INTERVAL BETWEEN ONSET AND DEATH 1992
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 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 1-11-59 to 1-16-59 and last saw her alive on 1-16-59 Death occurred at 5:45 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Harold W. Miller M.D.</i> (Degree or title)		22b. ADDRESS Poplar Bluff, Mo.		22c. DATE SIGNED 1-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-18-59	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
24. FUNERAL DIRECTOR Frank-Cotrell Chapel, Poplar Bluff		25. DATE RECD. BY LOCAL REG. 1/24/59	26. REGISTRAR'S SIGNATURE <i>R. M. Metree</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED

JAN 28 1958

METTLER CO. HEALTH CENTER

FILE No. _____

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 Edgar W. Vaclavoc

Licensed Embalmer No. 3394

P. O. Address Koklain Bluff

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.