

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010351
STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 267 Primary Registration District No. 5906 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Demiseath</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Demiseath</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Peach Orchard</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Peach Orchard</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>		Length of stay in 1b <u>life</u>	d. STREET ADDRESS (If outside, give location) <u>—</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Glen Wade Jacobs</u>		4. DATE OF DEATH Month Day Year <u>3-10-1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>7-23-1958</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	9c. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>0</u> Days <u>18</u> IF UNDER 24 HRS.: Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	10c. BIRTHPLACE (City and state or country) <u>Gideon, Mo.</u>
11. BIRTHPLACE (City and state or country) <u>Gideon, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Jacobs</u>		13b. MOTHER'S MAIDEN NAME <u>Melissa Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Not Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>William Jacobs</u> Address: <u>Peach Orchard</u>
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>Congestive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>17 Mo, 18 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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"/>
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.) <u>7545</u>		
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 <u>July 23-58</u> to <u>3-9-59</u> and last saw him alive on <u>3-9-59</u> Death occurred at <u>Gideon</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. S. Hopkins, M.D.</u>		22b. ADDRESS <u>Gideon, Mo.</u>	22c. DATE SIGNED <u>3-11-59</u>
23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Partial</u>	23b. DATE <u>3-12-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floyd Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Halemb, Mo.</u>
24. FUNERAL DIRECTOR <u>Floyd Russell Lippitt Ark</u>	ADDRESS <u>—</u>	25. DATE RECD. BY LOCAL REG. <u>3-11-59</u>	26. REGISTRAR'S SIGNATURE <u>Valeria Capham</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 *Lloyd Russell*

Licensed Embalmer No. *509-0*
P. O. Address *Jiggatt, Ark*

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.