ept. Health,
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V. S. 300
Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020205
STATE FILE NUMBER

FILED JUN 9 1959 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 91

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3 — Length of stay in Hospital 2 yrs 4 mos 14 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
700 S STREET ADDRESS Holke Road Rt. 3 (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LEOTA Middle MAY Last JACOBSON

4. DATE OF DEATH Month 5 Day 31 Year 1959

5. SEX F.

6. COLOR OR RACE W.

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 5-22-1894

9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Cedar County, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Henry Curtis Long

13b. MOTHER'S MAIDEN NAME Lucinda Goodnight Simpson

14. NAME OF HUSBAND OR WIFE Raymond M. Jacobson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Hospital record — Address

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 12 hrs
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) Alzheimer's disease 5705

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 1/27/1957, to 5/31/1959 and last saw her alive on 5/31/1959
Death occurred at 9:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George Cosher M.D. (Degree or title)
22b. ADDRESS State Hosp. No. 3 Nevada, Mo
22c. DATE SIGNED 5/31/1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-3-59
23c. NAME OF CEMETERY OR CREMATORY Hackelman
23d. LOCATION (City, town, or county) Cedar Co (State) Mo

24. FUNERAL DIRECTOR Mafes - El Dorado Springs — ADDRESS
25. DATE RECD. BY LOCAL REG. 6-3-1959
26. REGISTRAR'S SIGNATURE Anna J. Terry
(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

securing the medical certification in the specific manner required by 193.140 MoRS 1949.

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 Georgine Mafrer

Licensed Embalmer No. 2752

P. O. Address El Dorado Ha

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.