

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036009

FILED VS NOV 2 1959/40

Registration District No. _____ Primary Registration District No. 3024 Registrar's No. 92

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette	Length of stay in 1b 2 1/2 yrs	c. CITY OR TOWN Fayette	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shields Boarding Home		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 109 Reynolds St.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First EMMA Middle LOUISE Last JACOBI			4. DATE OF DEATH Month Oct. Day 25 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/4/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR 3 months 21 yrs Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Fayette, Missouri	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Justus Jacobi		13b. MOTHER'S MAIDEN NAME Amelia Burghardt	
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) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Edward B. Jacobi		Address Fayette, 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) Acute Cardiac Decompensation			INTERVAL BETWEEN ONSET AND DEATH 36 min.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Cardiac decompensation & severe nephritis			2 mos.
	DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) mental			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

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.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <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 Fayette	COUNTY Howard	STATE Missouri
21. I attended the deceased from Jan 19 56 to Oct 25 59 and last saw her alive on Oct 24 59 . Death occurred at 7:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Wm J Shaw M.D.	(Degree or title)	22b. ADDRESS Fayette Mo.	22c. DATE SIGNED 10/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10/27/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery	23d. LOCATION (City, town, or county) (State) Fayette, Missouri

24. FUNERAL DIRECTOR Kayella Carr	ADDRESS Fayette, Missouri	25. DATE RECD. BY LOCAL REG. 10.27.59	26. REGISTRAR'S SIGNATURE Katherine Welch
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~_____~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph A. Co

Licensed Embalmer No. 334

P. O. Address, Jayette

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.