

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002131

FILED VS JAN 15 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 18

STATE FILE NUMBER

NDED

DOCUMENT

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) Joplin		Length of stay in 1b 30 yrs		c. CITY OR TOWN Joplin		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Joplin General Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Connor Hotel			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Charles H. Jaccard				4. DATE OF DEATH January 1, 1960						
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 7-8-1886		9. AGE (last birthday) 73		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor		10b. KIND OF BUSINESS OR INDUSTRY Real Estate		11. BIRTHPLACE (City and state or country) Galesburg, Missouri		12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME Wenzel Jaccard			13b. MOTHER'S MAIDEN NAME Sarah Richardson			14. NAME OF HUSBAND OR WIFE Edith Jaccard				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 495-36-3227		17. INFORMANT Mrs. Edith Jaccard, Joplin, Missouri				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Toxic Coma								30 Min.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Acute Hepatic Insufficiency						1 Week		
		DUE TO (c) Primary Carcinoma of the Liver						6 Months		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None						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.) None						
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.) None		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE		
21. I attended the deceased from 3-11-57 , to 1-1-60 and last saw him ^{alive} on 1-1-60				Death occurred at 11:30 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>J. H. Stephens D.O.</i>				22b. ADDRESS 211 West 20th St., Joplin, Missouri				22c. DATE SIGNED 1-6-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-4-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) Webb City, Missouri		(State)		
24. FUNERAL DIRECTOR Thornhill-Dillon Mortuary, Joplin, Mo.				25. DATE RECD. BY LOCAL REG. Jan. 11-1960		26. REGISTRAR'S SIGNATURE <i>Doce Merriam</i>				

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed David Nelson

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.