

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN - 8 1960 370 Primary Registration District No. 6255 Registrar's No. 29 60-004901 STATE FILE NUMBER 29

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Wayne</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural, Cowan Twp.</u>		Length of stay in 1b <u>Lifetime</u>		c. CITY OR TOWN <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 mi. N.W. of Hiram</u>				d. STREET ADDRESS (If outside, give location) <u>7 mi. N.W. of Hiram</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>JAKE</u> Middle <u>LEONARD</u> Last <u>JACO</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>2</u> Year <u>1960</u>					
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-14-1888</u>	9. AGE (last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>19</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pattan, Mo.</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Ben Jacob</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mitty Ann Jacob, Hiram, Mo.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>496-18-6797</u>		17. INFORMANT Address <u>Mrs. Maggie Harrell, 526 Castleland St. Louis, Mo.</u>			
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) <u>Acute myocardial infarction</u>						<u>Acute</u>		
DUE TO (b) <u>Coronary atherosclerosis</u>						<u>Chronic</u>		
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Apoplexy (Cerebral thrombosis) 2 years ago</u>						PART III. If deceased was female was 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 checked="" 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>Spontaneous</u>				
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 checked="" 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>1-2-58</u> to <u>1-1-60</u> and last saw him alive on <u>Jan 1 1960</u> Death occurred at <u>8:15</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W. J. Freitas, M.D.</u>				22b. ADDRESS <u>Lutesville Mo</u>			22c. DATE SIGNED <u>Jan 4, 1960</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 4, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hiram</u>		23d. LOCATION (City, town, or county) <u>Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Baker Funeral Home, Lutesville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Jan. 6. 1960</u>		26. REGISTRAR'S SIGNATURE <u>Gretta M. Ward</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 29 1971

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Pa.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.