Dept. Health, Ed., & Welfare U. S. Public Health Service

F. S. 300 Rev. 1-57

FILED VS MAR 23 1960

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

60-010233

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mt Pleasant — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rt 71 4 Mi So Belton, Mo — Length of stay in 1b: 1½ years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Richards-Gebaur Air Force Base 019 — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Grandview, Mo. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: James Middle: Kendall Last: Jacobs

4. DATE OF DEATH: Month: March Day: 13 Year: 1960

5. SEX: Male

6. COLOR OR RACE: Cau

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 18 June 1937

9. AGE (In years last birthday): 22 — 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): USAF

10b. KIND OF BUSINESS OR INDUSTRY: USAF

11. BIRTHPLACE (City and state or country): Laomi, Ill.

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

13a. FATHER'S NAME: James A. Jacobs

13b. MOTHER'S MAIDEN NAME: Louise Ruby Chandler

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1/13/56 - 3/13/60

16. SOCIAL SECURITY NO.: 486-42-1571

17. INFORMANT Address: Casualty Services, Richards-Gebaur AFB, Mo

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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Multiple Injuries, Extreme	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Internal Hemorrhage	Immediate
DUE TO (c)	X	

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 [ ] NO [ ]

20a. ACCIDENT [X] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Automobile Accident

20c. TIME OF INJURY: Hour 3:40 p.m. Month, Day, Year: Mar 13 60

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rt 71, 4Mi So Belton, Mo

20f. CITY, TOWN, OR LOCATION: Mt Pleasant 019 COUNTY: Cass STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 3:40 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert C. Phillips D.C. — Robert C. Phillips, Coroner, D.C. 3

22b. ADDRESS: Cass Co., Mo.

22c. DATE SIGNED: 3/13/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/15/60

23c. NAME OF CEMETERY OR CREMATORY:

23d. LOCATION (City, town, or county) (State): Shelbina, Mo

24. FUNERAL DIRECTOR ADDRESS: Shell Colonial Funeral Home, K.C., Mo.

25. DATE RECD. BY LOCAL REG.: Mar-15-1960

26. REGISTRAR'S SIGNATURE: Mrs Ray Sebree

(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.

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MAR 23 1960

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 John P. Stuel

Licensed Embalmer No. 3625

P. O. Address K C 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.