IRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 12 1960

60-030602
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4386

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b: 5 mos.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3240 Wayne — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 3240 Wayne — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MR. THOMAS Middle B.K. Last BILLIS JACOBSON
4. DATE OF DEATH: Month August Day 25 Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-28-27
9. AGE (last birthday): 32 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Announcer
10b. KIND OF BUSINESS OR INDUSTRY: W.H.B. Radio Station – Miles City, Mont.
11. BIRTHPLACE (City and state or country): U.S.A.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: A.E. Jacobson
13b. MOTHER'S MAIDEN NAME: Irene Bills
14. NAME OF HUSBAND OR WIFE: Jean Jacobson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW # 2 Navy
16. SOCIAL SECURITY NO. 516-24-3186
17. INFORMANT: A.E. Jacobson — Address: Miles City, Montana

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) Bullet Wound Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) apparently suicide
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 8 25 60
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.) Res
20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Mo

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

BY AFFIDAVIT OF Hugh H. Owens

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 152 Union Station
22c. DATE SIGNED 8-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-27-60
23c. NAME OF CEMETERY OR CREMATORY Custer County Cemetery
23d. LOCATION (City, town, or county) Miles City, Montana (State)

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar F.H. — ADDRESS 1800 E. Linwood
25. DATE RECD. BY LOCAL REG. 8-26-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

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 Charles Schroeder

Licensed Embalmer No. KS. 2513

P. O. Address K. C. Tro

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