

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033986

FILED VS. SEP 26 1960

43

Primary Registration District No. 3007

Registrar's No. 617

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler			
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) POPLAR BLUFF, Mo.		Length of stay in 1b 7 weeks		c. CITY OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doctors Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 615 So. C St.	
3. NAME OF DECEASED (Type or print) First Middle Last SARAH MATTIE JACO				4. DATE OF DEATH Month Day Year 8 - 27 - 1960			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 9-18-1888	9. AGE (last birthday) 71	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) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) RIPLEY COUNTY MO U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME UNKNOWN			13b. MOTHER'S MAIDEN NAME LEORA BARKS		14. NAME OF HUSBAND OR WIFE Robert JACO		
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. 497-25-8613		17. INFORMANT Address Pearl Decker Deviphan, 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 myelogenous leukemia DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Atherosclerotic Cardiovascular disease 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 INTERVAL BETWEEN ONSET AND DEATH 2 months							
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		COUNTY	STATE
21. I attended the deceased from 1958 to 8-27-60 and last saw her alive on 8-26-60 Death occurred at 6:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Robert Chylkard MD				22b. ADDRESS Poplar Bluff, Mo		22c. DATE SIGNED 9-5-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-29-60	23c. NAME OF CEMETERY OR CREMATORY DOYNOT CEMETERY		23d. LOCATION (City, town, or county) Ripley County, Mo.		23e. STATE	
24. FUNERAL DIRECTOR EDWARDS FUNERAL HOME, 216 LOCUST				25. DATE RECD. BY LOCAL REG. 9/14/60		26. REGISTRAR'S SIGNATURE W. K. Muelke	

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
or by Ernest Eugene Clary, Student Embalmer No. 602
working under my personal supervision.

Student Ernest Eugene Clary
Signature of Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398

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.