

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-034829

FILED VS OCT 1 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4836 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Length of stay in 1b <u>50 YRS</u>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>General Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1205 Michigan</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Thomas N.</u> Middle <u>Jaco</u> Last <u>Jaco</u>			4. DATE OF DEATH Month <u>9</u> Day <u>21</u> Year <u>60</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>Legro</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-10-1877</u>
9. AGE (last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life event if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROOMING HOUSE</u>	11. BIRTHPLACE (City and state or country) <u>SHERIDAN COUNTY MO</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>HENRY JACO</u>	
13b. MOTHER'S MAIDEN NAME <u>MARIAH HAYES</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA JACO (DECEASED)</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>495-02-2678</u>	
17. INFORMANT <u>EDNA BLAKE</u> Address <u>510 E FRONT SALSBURY MO.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>lt. parietal cerebral infarction</u> 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)		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 checked="" type="checkbox"/> NO <input 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 <u>9-18-60</u> to <u>9-21-60</u> and last saw him alive on <u>9-21-60</u> Death occurred at <u>11:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H L Dwyer</u> (Degree or title)		22b. ADDRESS <u>2100 Cherry City</u>	
22c. DATE SIGNED <u>9/22/60</u>		22d. STATE (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>SEPT 25 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SALSBURY CEMETERY</u>	23d. LOCATION (City, town, or county) <u>SALSBURY MO</u>
24. FUNERAL DIRECTOR <u>C.R. KERFORD FUNERAL HOME K.C. MO.</u>	25. DATE RECD. BY LOCAL REG. <u>9-24-60</u>	26. REGISTRAR'S SIGNATURE <u>H-L-Dwyer</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
H. L. Dwyer

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 *C. Bennett Kuyper*

Licensed Embalmer No. 443

P. O. Address K. E. Mc

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