

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 21 1950

State File No. 19598

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>174</u>			
1. PLACE OF DEATH a. COUNTY <u>Cape Gir.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Gir.</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Gir.</u>		c. LENGTH OF STAY (in this place) <u>11 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		<u>2161</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S.E. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>420 W. 3rd South</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Jaco</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 9 50</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 18, 1899</u>		9. AGE (In years last birthday) <u>51</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Timber worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
13a. FATHER'S NAME <u>Wesley Jaco</u>		13b. MOTHER'S MAIDEN NAME <u>Needham</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Jaco</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>499-20-5417</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Jaco</u>		ADDRESS <u>Jackson Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchiectasis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>  <u>unknown</u>  <u>526X</u>  <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 27, 1950</u> , to <u>June 9, 1950</u> , that I last saw the deceased alive on <u>June 8, 1950</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>C.F. McDonald, M.D.</u>				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>6-9-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-11-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-12-1950</u>		REGISTRAR'S SIGNATURE <u>C.C. Summers</u>		44 25. FUNERAL DIRECTOR'S SIGNATURE <u>M.C. Combs Funeral Home, Jackson</u>		ADDRESS <u>Jackson</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

650-801

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Thos K Allen*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4055

P. O. Address Jackson

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 this body is not embalmed, fact should be so stated above.