

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15607

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5118 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsdale - Cedar Tp. Mo.</u>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Huntsdale</u>		0100	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 0 - Missouri Township</u>		d. STREET ADDRESS (If rural, give location) <u>Missouri Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENNY</u> b. (Middle) <u>LEE</u> c. (Last) <u>JACOBS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 28, 1951</u>
--	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Sept. 29, 1936</u>	9. AGE (In years last birthday) <u>14</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jefferson Jr. High School Student</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Huntsdale, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
---	-----------------------------------	--	---

13a. FATHER'S NAME <u>Raymond Thornton Jacobs</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Frances Belcher</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond T. Jacobs, Huntsdale, Mo.</u>	ADDRESS
--	-------------------------------	---	---------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema and shock</u>		4
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gushed chest and fractured ribs</u> DUE TO (c) <u>Auto accident.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>3.8" 13.7"</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>010</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>North D. Boone Co.</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Huntsdale Boone Mo</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 28, 1951, 7<sup>15</sup> p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car overturned</u>
---	---	---

22. I hereby certify that I attended the deceased from viewed, 1951, to 6:00 AM, 1951, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harry M. Griffith, M.D. Cedar Rapids</u>	(Degree or title)	23b. ADDRESS <u>Columbia Mo</u>	23c. DATE SIGNED <u>5-31-51</u>
---	-------------------	------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>May 31 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia Mo.</u>	ADDRESS
--	---	--	---------

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

2106  
3

RECEIVED 6-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 6-5-51

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.....  
Student Embalmer

Signed *P. W. M. Williams*

Licensed Embalmer No. *3893*

P. O. Address *Columbia, Md*

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.