S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39484

FILED DEC 3 - 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 2028 Registrar's No. 236

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCune-Brooks Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 418 W. Central Ave 493 D

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): MARIE
c. (Last): JACOBS

4. DATE OF DEATH (Month) (Day) (Year): Nov 20-1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Nov 22-1919
9. AGE (In years last birthday): 33
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: 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: ---
11. BIRTHPLACE (City and State or Foreign Country): Belding, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harold Caldwell
13b. MOTHER'S MAIDEN NAME: Agnes Hall
14. NAME OF HUSBAND OR WIFE: Robert E. Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 368-14-6461
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: R.E.Jacobs, 418 W.Central, Carthage, Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure, Acute — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subarachnoid Hemorrhage — 7 days
~~DUE TO (c)~~ Spontaneous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Polycystic Kidney - — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 330 X
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 12, 1953, *to* Nov 20, 1953, *that I last saw the deceased alive on* Nov 20, 1953, *and that death occurred at* 3:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE: D Russell Smith (Degree or title): MD
23b. ADDRESS: Carthage, Mo
23c. DATE SIGNED: 11-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Nov 24-1953
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Mo

DATE REC'D BY LOCAL REG.: 11-23-53
REGISTRAR'S SIGNATURE: Lloyd B. Clinton M.D. 139.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Knell Mortuary, Carthage, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED DEC 2 1953
Jasper County Health Office
County File Number 53-11-961
Date Filed DEC 2 1953

FEB 16 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, Mo

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