

FILED NOV 28 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau R.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Byrd	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) Rural Oak Ridge, R.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Hospital			

3. NAME OF DECEASED (Type or Print) Fredinand	a. (First)	b. (Middle)	c. (Last) Jaco	4. DATE OF DEATH (Month) (Day) (Year) 11 53 55
--	------------	-------------	-----------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-7-1890	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
--------------------	-------------------------------	---	----------------------------------	---	------------------------	----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & timber cutter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
---	-----------------------------------	---	---

13a. FATHER'S NAME Wesley Jaco	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Claudine 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. link	17. INFORMANT'S SIGNATURE OR NAME Oletus Jaco ADDRESS Jackson, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medicine Brain Damage		INTERVAL BETWEEN ONSET AND DEATH 8 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Skull fracture		8 hours
	DUE TO (c) fractures of both femurs, rt ankle & rt radius + ulna		8 hrs -
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE X (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 46 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tree fell on him

22. I hereby certify that I attended the deceased from 11-4-55, to 11-5-55, that I last saw the deceased alive on 11-5-55, and that death occurred at 2:15 m., from the causes and on the date stated above.

23a. SIGNATURE W. O. L. Sabaugh, M.D.	23b. ADDRESS 24 N. Spring Cape Gir., Mo.	23c. DATE SIGNED 11-14-55
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 11-7-55	24c. NAME OF CEMETERY OR CREMATORY Russell Heights	24d. LOCATION (City, town, or county) (State) Jackson Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG- 11-21-55	REGISTRAR'S SIGNATURE C. C. Summer	25. FUNERAL DIRECTOR'S SIGNATURE McCombs Funeral Home, Jackson ADDRESS
--	---	---

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thos. H. Blair

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 the above constitutes grounds for revocation of license.)

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