

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32610

State File No.

DECEASED **7 1952**

BIRTH NO. _____ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **3057** Registrar's No. **74**

1. PLACE OF DEATH
 a. COUNTY **Lay**
 b. CITY (If outside corporate limits, write RURAL and give township) **Richmond**
 c. LENGTH OF STAY (in this place) **30 years**
 d. FULL NAME OF HOSPITAL OR INSTITUTION **504 South Center**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** - b. COUNTY **Lay**
 c. CITY (If outside corporate limits, write RURAL and give township) **Richmond**
 d. STREET ADDRESS (If rural, give location) **504 South Center**

3. NAME OF DECEASED
 a. (First) **ALTAH** b. (Middle) **E.** c. (Last) **JACOBS**
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
September 22, 1952

5. SEX **3**
Female

6. COLOR OR RACE
Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH
Aug 17 - 1887

9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Minutes)
65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Housekeeping

11. BIRTHPLACE (City and State or Foreign Country)
Chetopa, Kansas

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME
Lee Williams

13b. MOTHER'S MAIDEN NAME
Margaret Johnson

14. NAME OF HUSBAND OR WIFE
William M. Jacobs

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.
none

17. INFORMANT'S SIGNATURE OR NAME **William Jacobs** **ADDRESS** **Richmond, Missouri**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **acute dilatation**
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Stomach
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
Inst
?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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)
151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

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 **8-29-1952 to **9-22-1952** that I last saw the deceased alive on **9-22-1952** and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.**

23a. SIGNATURE **E. E. Lay, M.D.** (Degree or title)

23b. ADDRESS **Richmond**

23c. DATE SIGNED **9-26-52**

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE **September 27, 1952**

24c. NAME OF CEMETERY OR CREMATORY **Sumner**

24d. LOCATION (City, town, or county) (State) **Richmond, Missouri**

DATE REC'D BY LOCAL REG. **Sept 29 - 1952**

REGISTRAR'S SIGNATURE **Maluel Jackson**

25. FUNERAL DIRECTOR'S SIGNATURE **Quest like FUNERAL HOME**
Richard N. Nissay, R.I. per Goodale

(Licensed Embalmer's Statement on Reverse Side)

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

891
1

62

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 

Licensed Embalmer No. 5866

P. O. Address

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.