

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4308

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 41

264
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1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>316 N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Thomas</u>		a. (First) <u>L.</u>		b. (Middle) <u>Jacobs</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 22 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>March-6-1874</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>75</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Guard at Capitol</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>			11. BIRTHPLACE (State or foreign country) <u>Richmond, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Jacobs</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Fordon</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl Jacobs</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>None</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul Jacobs, Kansas City, Missouri</u>				

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>few weeks</u>	
<p>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		<u>Coronary occlusion</u>					
		ANTECEDENT CAUSES		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arteriosclerosis</u>					
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 July, 1949, to Feb 22, 1950, that I last saw the deceased alive on Feb 22, 1950, and that death occurred at 10:00 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. A. Dwyler M.D.</u>		(Degree or title)		23b. ADDRESS <u>Jefferson City</u>		23c. DATE SIGNED <u>2-22-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb-24-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richmond Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 22-1950</u>		REGISTRAR'S SIGNATURE <u>R.P. Darris MD</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W.R. ...</u>		ADDRESS <u>Jefferson City, Mo</u>	

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

-----District File Number-----

District Health Officer No. 91

RECEIVED FEB 25 1950

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

Robert J. Cochrane

Licensed Embalmer No. 1786

P. O. Address *Jefferson City Mo*

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.