

FILED FEB 11 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2438  
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 8

300  
1-57  
059

1. PLACE OF DEATH a. COUNTY <b>Ray</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond</b>		c. CITY OR TOWN <b>Richmond</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>716 E. North Main</b>		d. STREET ADDRESS (If outside, give location) <b>716 E. North Main</b>	
3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>HOWARD</b> Last <b>JACKSON, SR.</b>		4. DATE OF DEATH Month <b>Feb.</b> Day <b>6,</b> Year <b>1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 8, 1889</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Manager</b>	11. BIRTHPLACE (City and state or country) <b>Polo, Missouri</b>
13a. FATHER'S NAME <b>William R. Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Stinnett</b>	14. NAME OF HUSBAND OR WIFE <b>Mattie Long Jackson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-12-0814</b>	17. INFORMANT <b>Dave Jackson, Richmond, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Congestive failure controlled</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Minutes</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21: attended the deceased from <b>1956</b> to <b>1958</b> and last saw him alive on <b>2-4-58</b> Death occurred at <b>4:10 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>M. D. [Signature]</b> (Degree or title)		22b. ADDRESS <b>Richmond</b>	22c. DATE SIGNED <b>2-8-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 8, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunny Slope Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Richmond, Mo.</b>
24. FUNERAL DIRECTOR <b>Thurman Funeral Home, Richmond, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 8, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mabel Jackson</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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, ~~outdoor~~....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Wm. L. Thurman*.....

Licensed Embalmer No. *4563*.....  
P. O. Address *Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

William R. Jackson  
Farmer  
Male  
White  
x  
Farm Manager  
Polo, Missouri  
U.S.A.  
No  
100-12-0814  
Lave Jackson, Richmond, Mo.  
Mary Elizabeth Stinnett  
Kattie Lou Jackson  
Feb. 6, 1898  
John Howard  
x  
Feb. 6, 1898  
716 E. North Main St. Yrs.  
Richmond  
x  
Richmond  
Missouri  
x

MAR 1 1908

Thurman Funeral Home, Richmond, Mo.