

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022950
State File No.

FILED JUN 24 1958

BIRTH NO. _____ REG. DIST. NO. 4448 PRIMARY REG. DIST. NO. 6024 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lawson</u>		c. CITY OR TOWN <u>Lawson</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>life</u>		STREET ADDRESS (If rural, give location) <u>0890 St not named</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>if not named</u>			

3. NAME OF DECEASED (Type or Print) <u>WILLIAM EDWIN SACKSON</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 1, 1881</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>11</u>	IF UNDER 4 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY		BIRTHPLACE (City and State or Foreign Country) <u>Clay Co Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>John W Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Inez Waers</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia Jackson Lawson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, no. or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chester Jackson Lawson</u>	ADDRESS <u>Mo</u>
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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 <u>Chronic Myocardial Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Chronic Bronchitis Cardiac Path</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>5021</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 1915, to June 12, 1958, that I last saw the deceased alive on June 2, 1958, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clatus E. Buchner M.D.</u> (Degree or title)	23b. ADDRESS <u>Lawson Mo</u>	23c. DATE SIGNED <u>6-11-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-16-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lawson Mo</u>
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DATE REC'D BY LOCAL REG. <u>6-18-1958</u>	REGISTRAR'S SIGNATURE <u>Mabel Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Garman Funeral Home</u>	ADDRESS <u>Lawson Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

773

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.....
Signature of Student Embalmer

Signed *Lindee Jarman*

Licensed Embalmer No. *4589*
Exeliot Springs, Mo.
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.