

No. 300
10. 48

FILED JAN 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1600

BIRTH NO. 49-002643 REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 16

49
6
2

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place) 2 days		d. STREET ADDRESS (If rural, give location) 133 McKee	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE-CHINN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) OLIVER c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) 1-21-49		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 1-19-49	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 100 HRS. Hours 2 Min.
--------------------	-------------------------------	--	---------------------------------	--	---	---------------------------------------

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

13a. FATHER'S NAME ROBERT A. JACKSON	13b. MOTHER'S MAIDEN NAME BETTY JANE ADAMS	14. NAME OF HUSBAND OR WIFE NONE
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ROBERT A. JACKSON	ADDRESS 133 McKee, Joplin,
---	-------------------------------------	--	-----------------------------------

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia		INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Patent foramen Ovale		
	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 795.0	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 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 1-19-, 1949, to 1-21-, 1949, that I last saw the deceased alive on 1-20-, 1949, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE P. A. Mahoney, D.O. (Degree or title)	23b. ADDRESS Joplin, Mo.	23c. DATE SIGNED 1/22/49
---	---------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-49	24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL CEMETARY	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. JAN 22; 1949	REGISTRAR'S SIGNATURE S. L. Tuttle	25. FUNERAL DIRECTOR'S SIGNATURE PARKER-HUNSAKER	ADDRESS JOPLIN, MISSOURI
--	---	---	---------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed F. M. Jones

Signed _____
Student Embalmer

License Embalmer No. 7319

P. O. Address Joplin 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.