

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11813

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>5236</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural, Box Twp.</u>		c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Box Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. 2, El Dorado Spgs., Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>R. 2, El Dorado Spgs., Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u>			b. (Middle) <u>Jane</u>		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 1, 1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 3, 1870</u>	9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Albert G. Dobins</u>			13b. MOTHER'S MAIDEN NAME <u>Lucy Ann Deweese</u>		14. NAME OF HUSBAND OR WIFE <u>W. T. Jackson</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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wm. M. Jackson, El Dorado Springs, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Senile perasis</u>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile perasis</u>				DUE TO (b) _____			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>352X</u>				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? 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) _____		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 <u>Dec</u> , 19 <u>47</u> , to <u>May 1</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>May 1</u> , 19 <u>49</u> , and that death occurred at <u>12:35a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. P. Baumgardner M.D.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>May 4 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 2, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>El Dorado Spgs. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>MAY 2, 1949</u>		REGISTRAR'S SIGNATURE <u>George W. Matus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lucy Ann Deweese</u> ADDRESS <u>El Dorado Spgs. Mo.</u>			

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

19  
00

RECEIVED

District Health Officer No. 71

District File Number 4-49-538

Date Filed 5-11-49

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 *James E. Hackleman*

Licensed Embalmer No. 4523

P. O. Address *El Dorado, Ark.*

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.