

FILED JUN 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15349

BIRTH NO. _____ REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 4147 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) BUNCETON	c. LENGTH OF STAY (in this place) ENTIRE LIFE	c. CITY (If outside corporate limits, write RURAL and give township) BUNCETON	
d. FULL NAME OF HOSPITAL OR INSTITUTION NO STREET ADDRESS		d. STREET ADDRESS (If rural, give location) NO STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) WALKER b. (Middle) - L c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) 5-25-1949		
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5. SEX MALE	6. COLOR OR RACE 2 COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 12-22-1888	9. AGE (in years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY PUBLIC	11. BIRTHPLACE (State or foreign country) BUNCETON MO-O	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME DENNIS JACKSON	13b. MOTHER'S MAIDEN NAME PENDER GRAY	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. WORLDWIDE I	17. INFORMANT'S SIGNATURE OR NAME Ed Jackson	ADDRESS Bunceton Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dehydration		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES		DUE TO (b) Chr. Deg. Myocarditis	
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	422 ✓

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from **1949**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Dr. DeWeyer M.D.	23b. ADDRESS 1300 W. Main St. Cooper Mo	23c. DATE SIGNED 5/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5/29/1949	24c. NAME OF CEMETERY OR CREMATORY BUNCETON CEMETERY BUNCETON MO	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REG. May 29 1949	REGISTRAR'S SIGNATURE Hellie Thullatt	F. FUNERAL DIRECTOR'S SIGNATURE James E. ...	ADDRESS Lepton Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

23

RECEIVED
District Health Officer No. 3,

District File Number _____

Date Filed 6-8-49

JUL 17 1949

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 _____
Student Embalmer

Signed Jessie E. Richards
Licensed Embalmer No. 2466
P. O. Address Lipton, 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.