

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUN 3 1949

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY <u>MISSISSIPPI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MO.</u> b. COUNTY <u>MISSISSIPPI</u>	
b. CITY (If outside corporate limits, write RURAL and give N. township) OR TOWN: <u>WYATT, RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>WYATT, RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3 MILES No. OF WYATT</u>		d. STREET ADDRESS (If rural, give location): <u>3 MI. No. OF WYATT</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLIE</u> b. (Middle) <u>HOGAN</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-10-49</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>2-14-1903</u>
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>WOLF ISLAND, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JULIUS HOGAN</u>	
13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY JACKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE KNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>HENRY JACKSON, ALFA LFA CENTER,</u>		ADDRESS <u></u>	
MEDICAL CERTIFICATION			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <u>Atherosclerosis</u>	
		DUE TO (c) <u></u>	
		DUE TO (c) <u></u>	
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>42-1</u>	
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) (Min.)		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>June, 1946</u> to <u>5-10, 1949</u> , that I last saw the deceased alive on <u>5-10, 1949</u> , and that death occurred at <u>9:00 P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>T. P. Fenton D.D.</u>		23b. ADDRESS <u>Wyatt, Mo.</u>	
23c. DATE SIGNED <u>5-20-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-11-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>CHARLESTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>May 27-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. John Bondurant</u>	
196		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack R. Nunnelee</u>	
		ADDRESS <u>Charleston, Mo.</u>	

RECEIVED

District Health Office No. 2

District File Number J-49 62

Date Filed 5-31-4

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 Joe R. Nunnelee

Licensed Embalmer No. 4413

P. O. Address Charleston, 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.