S. No. 300
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FILED JUN 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16790

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Pemiscot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Braggadocio
c. LENGTH OF STAY (In this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele, Mo. Rfd. #2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Pemiscot
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Braggadocio Twp.
d. STREET ADDRESS (If rural, give location): Steele, Mo. Rfd #2.

3. NAME OF DECEASED (Type or Print)
a. (First): Nora
b. (Middle):
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1949.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 27, 1882
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 10, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife.
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Fayette Co., Alabama
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: John Devers
13b. MOTHER'S MAIDEN NAME: Martha Berry
14. NAME OF HUSBAND OR WIFE: Claude Cole Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: _____
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Claude Cole Jackson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion-Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4201

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Neither
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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 11, 1949, *to* April 11, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. B. Farnsworth, D.O.
23b. ADDRESS: Braggadocio, Mo.
23c. DATE SIGNED: 4-11-49.

24a. BURIAL, CREMATION, REMOVAL (Specify): R
24b. DATE: 4-13-1949
24c. NAME OF CEMETERY OR CREMATORY: Elmwood
24d. LOCATION (City, town, or county) (State): Blytheville, Ark.

DATE REC'D BY LOCAL REG.: 5-9-49
REGISTRAR'S SIGNATURE: John W German 406
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cobb Funeral Home, Blytheville Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

6-49-146

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 Jas. R. Stovall

Licensed Embalmer No. 3100

P. O. Address Blytheville Ark

Signed _____
Student Embalmer

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.