

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38204

State File No. ....

FILED NOV 18 1949

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>380</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)			
a. COUNTY <u>Pettis</u>		a. STATE <u>mo</u>		b. COUNTY <u>Pettis</u>		b. COUNTY (Continuation)	
b. CITY OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Sedalia</u>		c. CITY OR TOWN (Continuation)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>105 E. Henry</u>				d. STREET ADDRESS (If rural, give location) <u>105 E. Henry</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>Louise</u>		b. (Middle)		c. (Last) <u>JACKSON</u>		Date: <u>11-10-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>Neyw</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-15-1915</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
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>Pettis Co mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Waisy Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Lewis Jackson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lewis Jackson Sedalia mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral hemorrhage, left middle cerebral artery</u>		ANTECEDENT CAUSES <u>Hypertensive Cardiovascular disease.</u>				<u>3 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Acute hemorrhagic nephritis</u>				<u>6 Mos.</u>	
DUE TO (c) <u>Compression of brain stem</u>		II. OTHER SIGNIFICANT CONDITIONS: <u>Compression of brain stem</u>				<u>3 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>331X</u>			
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>17 Oct 1949</u> to <u>10 Nov 1949</u> , that I last saw the deceased alive on <u>10 Nov 1949</u> , and that death occurred at <u>3:45 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Carl Neigum M.D.</u>				23b. ADDRESS <u>412 1/2 So Ohio St Sedalia</u>		23c. DATE SIGNED <u>10 Nov 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Pettis mo</u>	
DATE REC'D BY LOCAL REG. <u>11-12-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Sturgeon</u>		ADDRESS <u>Sedalia mo</u>	

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

80  
664

NOV 14

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-17-49.....

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 F. D. Ferguson.....

Licensed Embalmer No. 2172.....

P. O. Address Sedalia.....

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.