

FILED JAN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3666**

BIRTH NO. _____ REG. DIST. NO. **36** PRIMARY REG. DIST. NO. **1531** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE S. Dakota b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dell Rapids	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) James	c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) Jan. 7, 1950
-------------------------------------	------------------------	--------------------------	--------------------------	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 24, 1863	9. AGE (In years last birthday) 86	if UNDER 1 YEAR Months _____	if UNDER 4 HRS. Hours _____	if UNDER 15 MIN. Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Carpentry	11. BIRTHPLACE (State or foreign country) Afton, Wisconsin	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Robert Jackson	13b. MOTHER'S MAIDEN NAME ?	14. NAME OF HUSBAND OR WIFE Eunice Merry Jackson
--	------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Clark L. Jackson c/o Eldon Motel Columbia, Mo.
--	-------------------------------------	---

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis		6 mo
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cordis vascular subm DUE TO (c) renal disease		44 2X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Hemorrhage old		subm	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **7-10**, 19**48**, to **1-7**, 19**50**, that I last saw the deceased alive on **1-7**, 19**50**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David Woelke M.D.	23b. ADDRESS Warrenton Mo	23c. DATE SIGNED 1-9-50
---	----------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-9-50	24c. NAME OF CEMETERY OR CREMATORY Dell Rapids	24d. LOCATION (City, town, or county) (State) Dell Rapids, S. D.
--	-------------------------	---	---

DATE REC'D BY LOCAL REG. 1-9-50	REGISTRAR'S SIGNATURE Floyd Logan 421	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 18 1950
District Health Officer
No. 9,
District File Number

SEP 28 1950

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 *John Shalby*

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Ore.*

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.