

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4447

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Franklin MO.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>West</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MO. SALEM</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS (If rural, give location); <u>Salem</u>	
3. NAME OF DECEASED (Type or Print) <u>WILLIAM HUBERT</u>		b. (Middle) _____ c. (Last) <u>JACKSON.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28 1950</u>		5. SEX <u>M</u> 6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec 16, 1910</u>	
9. AGE (In years last birthday) <u>39</u>		10. KIND OF BUSINESS OR INDUSTRY <u>(Made tires)</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>St Louis Briquette</u>		11. BIRTHPLACE (State or foreign country) <u>LEDWOOD, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>TOM L JACKSON</u>	
13b. MOTHER'S MAIDEN NAME <u>Medley</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia Thebma Gant JACKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>A. R. [Signature]</u>		ADDRESS <u>Salem, Mo.</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACCIDENTAL DEATH</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>1 - INTRATHORACIC HEMORRHAGE</u> <u>2 - MULTIPLE INTERNAL "</u> <u>3 - BRAIN CONCUSSION</u> DUE TO (c) <u>(INJURED IN AUTO ACCIDENT 2-27-50)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs 33 mins</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Highway 66</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ST CLAIR Franklin, MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 27 50 1:20</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO COLLISION</u>	
22. I hereby certify that I attended the deceased from <u>2-27</u> , 19 <u>50</u> to <u>death</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>2-28</u> , 19 <u>50</u> and that death occurred at <u>8:40 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John F. [Signature]</u>		23b. ADDRESS <u>ST. CLAIR, MO.</u>	
23c. DATE SIGNED <u>2-28-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENLEY CEMETARY</u>	
24d. LOCATION (City, town, or county) (State) <u>REYNOLDS COUNTY, MO.</u>		DATE REC'D BY LOCAL REG. <u>Feb. 28, 1950</u>	
REGISTRAR'S SIGNATURE <u>[Signature]</u>		53. FUNERAL DIRECTOR'S SIGNATURE <u>Shewood W. [Signature]</u>	
ADDRESS <u>99</u>		ADDRESS <u>Shewood W. [Signature]</u>	

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

APR 3 1950

District File Number _____
District Health Officer No. 9,
RECEIVED MAR 4 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.

Signed Shenwood W. Kitchell

Signed _____
Student Embalmer

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.