

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4682

451 /

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		c. LENGTH OF STAY (in this place) <u>2 hrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>		d. STREET ADDRESS (If rural, give location) <u>New Addition</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. Morrison St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u>		b. (Middle) <u>--</u>	
c. (Last) <u>Jackman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>May 4 1891</u>
9. AGE (In years last birthday) <u>58</u>		10. UNDER 1 YEAR (Months) <u>8</u>	11. UNDER 1 MIN. (Hours) <u>28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
11. BIRTHPLACE (State or foreign country) <u>Howard Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Pete Jackman</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Eubanks</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Jackman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NUMBER (If yes, give war or dates of service) <u>486-12-7795</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Russell Jackman</u>		ADDRESS <u>Fayette, 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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Chronic Arteriosclerosis</u> DUE TO (b) <u>5 yr.</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>4201</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)		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>Feb 2, 1950</u> , to <u>Feb 2, 1950</u> , that I last saw the deceased <u>Die on 2-2, 1950</u> , and that death occurred at <u>6:20</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. A. Bloom</u> (Degree or title) <u>D. M. D.</u>		23b. ADDRESS <u>Fayette, Mo</u>	
23c. DATE SIGNED <u>2-6-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/5/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hilldale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hilldale, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/6-50</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u> <u>436</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Delph D. Carr</u>		ADDRESS <u>Fayette, Mo</u>	

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

RECEIVED FEB 8

District Health Officer No. 8,

District File Number .....

Date Filed 2-21-50

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 Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.