

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

9436

State File No.

FILED MAR 23 1950

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>246</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
c. LENGTH OF STAY (In this place) <u>40 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route # 1.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Albert</u>		b. (Middle) <u>Allen</u>	c. (Last) <u>Jackson</u>		(Month) (Day) (Year) <u>March 16 1950</u>		(Type or Print)
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 13 1881</u>		9. AGE (In years last birthday) <u>68</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>
11. BIRTHPLACE (State or foreign country) <u>Linn Creek Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Sylvina Moulder</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma R. Jackson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>World War I</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma R. Jackson</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma, liver</u>				<u>6 mos.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.				<u>163X</u>	
19a. DATE OF OPERATION <u>11/3/44</u>		19b. MAJOR FINDINGS OF OPERATION <u>Tumor of liver</u>				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)			
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 <u>10-29, 1950</u> , to <u>3/16, 1950</u> , that I last saw the deceased alive on <u>3/16, 1950</u> , and that death occurred at <u>7450 m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Ferrel H. Johnson</u> (Degree or title)				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>3/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 18, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-17-1950</u>		REGISTRAR'S SIGNATURE <u>Uella L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

537

0530

MAR 24 1950

Received MAR 18 1950
Laclede County Health Unit
File No. 2-5-45
Date Filed MAR 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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.