

THE DIVIS. OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9624**

FILED MAR 28 1950

BIRTH NO. _____		REG. DIST. NO. 209		PRIMARY REG. DIST. NO. 3043		Registrar's No. 78	
1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		d. STREET ADDRESS (If rural, give location) 407 W. 8th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hosp.				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Bydia			b. (Middle)		c. (Last) Jackson		4. DATE OF DEATH (Month) (Day) (Year) 3 - 11 - '50
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 2 - 1892	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Solomon Howard			13b. MOTHER'S MAIDEN NAME Amanda		14. NAME OF HUSBAND OR WIFE John B. Jackson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John B. Jackson, Hannibal, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, 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) Gall stones					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					5821X
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) (Min.)		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 3-5 , 19 50 , to 3-11 , 19 50 , that I last saw the deceased alive on 3-5 , 19 50 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. A. W. Fox M.D.				23b. ADDRESS Hannibal Mo		23c. DATE SIGNED 3-15-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Mar-14-1950	24c. NAME OF CEMETERY OR CREMATORY Robinson Cem		24d. LOCATION (City, town, or county) (State) Hannibal Mo		
DATE REC'D BY LOCAL REG. 3/16/50		REGISTRAR'S SIGNATURE H. C. Fisher Deputy		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Roberts		ADDRESS Hannibal Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1044

7550
11

RECEIVED MAR 24 1950
MARION O. HEALTH DEPT.
DATE FILED MAR 27 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~~

working under my personal supervision.

Student Embalmer No.

Signed Geo E Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. 2113

P. O. Address Hannibal 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.