No. 300
10.48

FILED APR 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12284
State File No.

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Grand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salisbury 0210
d. STREET ADDRESS (If rural, give location) South Grand

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Edward c. (Last) Jackson

4. DATE OF DEATH (Month) April (Day) 1 (Year) 1950

5. SEX M 2
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 7, 1901
9. AGE (In years last birthday) 48 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) Extra gang
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Chariton Co, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Newton Jackson
13b. MOTHER'S MAIDEN NAME Maggie Banks
14. NAME OF HUSBAND OR WIFE Velma Ward Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) World War #2
16. SOCIAL SECURITY NO. 194-12-6307
17. INFORMANT'S SIGNATURE OR NAME Mrs. Della Woods ADDRESS Salisbury 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Liver — INTERVAL BETWEEN ONSET AND DEATH months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peritoneal Carcinomatosis 12 Wks
DUE TO (c) 11:05 PM

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 15LA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Laboratory report findings
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to Apr 1, 1950, that I last saw the deceased alive on Apr 1, 1950, and that death occurred at 11:05P m., from the causes and on the date stated above.

23a. SIGNATURE E. L. Eichhorn D.O. (Degree or title)
23b. ADDRESS Salisbury Mo.
23c. DATE SIGNED Apr 3, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 5, 1950
24c. NAME OF CEMETERY OR CREMATORY Dalton Cemetery
24d. LOCATION (City, town, or county) Dalton (State) Mo

DATE REC'D BY LOCAL REG. 4/3/50
REGISTRAR'S SIGNATURE [signature] 55
25. FUNERAL DIRECTOR'S SIGNATURE Geo. B. Winkelmeyer ADDRESS Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 24 1950

RECEIVED APR 13

District Health Officer No. 8,

District File Number.....

Date Filed 4-21-50

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 Chas B Winkelmey

Licensed Embalmer No. 3842

P. O. Address Salisbury

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.