

FILED MAY 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13732

State File No.

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Macon</u> <u>0619</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>707 N Ruby</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>707 N Ruby</u>			
3. NAME OF DECEASED a. (First) <u>Florence</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 20, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 17, 1849</u>
9. AGE (in years last birthday) <u>100</u>		10. KIND OF BUSINESS OR INDUSTRY _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>James Robert Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Reverah Smoke</u>	
14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. V. Foodson</u>		ADDRESS <u>Macon 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>recurrent chest infections 6 mo and age.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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>Mar 1948</u> , to <u>20 Mar, 1950</u> , that I last saw the deceased alive on <u>20 Mar, 1950</u> and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald E. Eggleston, M.D.</u>		23b. ADDRESS <u>Macon Mo.</u>	
23c. DATE SIGNED <u>24 Mar 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/23/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Dickwood</u>		24d. LOCATION (City, town, or county) (State) <u>Macon Mo</u>	
DATE REC'D BY LOCAL REG. <u>H. 10/50</u>		REGISTRAR'S SIGNATURE <u>Ruth McNeely</u> <u>185</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin Spurgeon</u>		ADDRESS <u>Macon</u>	

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

0612

RECEIVED
MAY 5 1950

RECEIVED 5-3-50
MACON COUNTY HEALTH DEPARTMENT
County File No. ...5-50-98...
Date Filed.....5-4-50.....

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 Delbert S. Krumm

Licensed Embalmer No. 75-1

P. O. Address Macon, Md

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.