

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17765

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 4413 Registrar's No. 549

0820

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

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Frankford</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FRANKFORD 0820</u>	
c. LENGTH OF STAY (In this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCY</u> b. (Middle) <u>ALICE</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1950</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WID</u>		8. DATE OF BIRTH <u>Oct. 14 1868</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Days		11. IF UNDER 1 YEAR Hours		12. IF UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ralls Co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			
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13a. FATHER'S NAME <u>CLIFFORD B. HADEN</u>		13b. MOTHER'S MAIDEN NAME <u>FRANCES FUGUA</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM T. JACKSON</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alloyd Jackson Frankford Mo</u> ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>						<u>4201</u>	
		ANTECEDENT CAUSES							
		MORIBID 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from May 2, 1950, to May 2, 1950, that I last saw the deceased alive on May 2, 1950, and that death occurred at 11:55 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. P. Harrison D.O.</u>		23b. ADDRESS <u>Frankford Mo.</u>		23c. DATE SIGNED <u>May 3 1950</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>May 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>		24d. LOCATION (City, town, or county) (State) <u>Frankford Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Bernese Collier</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Julius W. ...</u> ADDRESS <u>Frankford Mo.</u>	
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MAY 15
MAY 4 5 1950

RECEIVED

District Health Officer No. 1

District File Number 5-50-81

Date Filed

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 Jane Field Meador

Licensed Embalmer No. 493

P. O. Address Frankford 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.