

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21021**

BIRTH NO. _____ REG. DIST. NO. **240** PRIMARY REG. DIST. NO. **5826** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marston 07.30	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 Miles East of Town		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) a. (First) Lonnie Lee b. (Middle) Jackson c. (Last) Jackson		4. DATE OF DEATH (Month) (Day) (Year) June 10 1950	
5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 9, 1950
9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Marston Mo
11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME Henry Jackson		13b. MOTHER'S MARDEN NAME Koo Lee Wilbert	14. NAME OF HUSBAND OR WIFE _____
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. _____	17. INFORMANT'S SIGNATURE OR NAME Henry Jackson ADDRESS Marston 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity - 7 mo. 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input 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) (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 June 9, 1950 , to June 10, 1950 , that I last saw the deceased alive on June 10, 1950 , and that death occurred at 4:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John J. Killian M.D.		23b. ADDRESS Portageville, Mo	
23c. DATE SIGNED 6-10-50		24a. BURIAL, CREMATION, OR DISPOSAL (Specify) Buried	
24b. DATE June 10 1950		24c. NAME OF CEMETERY OR CREMATORY Fairwill cem	
24d. LOCATION (City, town, or county) (State) Point Pleasant, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Ponder ADDRESS Funeral Home Silboam, Mo.	
DATE REC'D BY LOCAL REG. 6-10-50		REGISTRAR'S SIGNATURE H. L. Ponder	

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

RECEIVED JUN 16 1961
District Health Office N
District File Number 650-
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 *Not Embalmed H.T. Pond*

Licensed Embalmer No. *3367*

P. O. Address *Lilbourn, 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.