

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25724
Registrar's No. 154

FILED AUG 15 1950

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>245 West, Boyd</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED a. (First) <u>Mable Lucille</u> b. (Middle) <u>Johnson</u> c. (Last) <u>Jackson</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>August 6th, 50</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 25th, 1916</u>	9. AGE (In years last birthday) <u>33</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hairdresser</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hair Dresser</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lucieus Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Angie Small</u>	14. NAME OF HUSBAND OR WIFE- <u>Arron 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) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Angè Small</u> ADDRESS <u>Conway, Napton, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Blow on right side of head by some unknown person.</u>		
	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.		E983X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marshall Saline Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 6, 1950, 3:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>By some unknown person.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>P. L. Lawless</u> (Degree or title) <u>Coroner Saline Co.</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>8-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fair view Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 9-1950</u>	REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Green</u> ADDRESS <u>Marshall, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-14-
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8-14-58

JAN 21 1958

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.

Signed [Signature]
Student Embalmer No.

Signed.....
Student Embalmer

Licensed Embalmer No. 4220

P. O. Address [Handwritten Address]

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.