

FILED SEP 8 1950

STANDARD CERTIFICATE OF DEATH

State File No. 29152

BIRTH NO. 19919-50 REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 3075 Registrar's No. 69

1031

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY S toddard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter | |
| c. LENGTH OF STAY (In this place) life | | 1031 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | |

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|--|----------------------------------|--|---|---|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) Dallas b. (Middle) Eugene c. (Last) Jackson | | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 20, 1950 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) child | 8. DATE OF BIRTH May 1, 1950 | 9. AGE (In years last birthday) 5 | IF UNDER 1 YEAR Months 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME Orion L. Jackson | | 13b. MOTHER'S MAIDEN NAME Nora Jackson | | 14. NAME OF HUSBAND OR WIFE child | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora Jackson Dexter, Mo. | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bronchial pneumonia | | MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pertussis | | | | 10 days |
| | DUE TO (c) | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 0561 | | | |

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|--|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS 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) | | | 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 Aug 10, 1950, to Aug 20, 1950, that I last saw the deceased alive on Aug 19, 1950, and that death occurred at 50 m., from the causes and on the date stated above.

| | | | | | | | |
|---|--|----------------------------|--|----------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <i>Neal Hawkes MD</i> | | (Degree or title) 0 | | 23b. ADDRESS Dexter Mo | | 23c. DATE SIGNED 8/26/50 | |
|---|--|----------------------------|--|----------------------------------|--|------------------------------------|--|

| | | | | | | | |
|---|--|-----------------------------|--|--|--|---|--|
| 24a. BURIAL (CREMATION, REMOVAL) (Specify) burial | | 24b. DATE 8-21-50 | | 24c. NAME OF CEMETERY OR CREMATORY Hagy cemetery | | 24d. LOCATION (City, town, or county) (State) Dexter, Mo. north | |
|---|--|-----------------------------|--|--|--|---|--|

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|--|--|--|--|---|--|-------------------------------|--|
| DATE REC'D BY LOCAL REG. 8-28-50 | | REGISTRAR'S SIGNATURE <i>Velma V. Jenkins</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. | | ADDRESS Dexter, Mo. | |
|--|--|--|--|---|--|-------------------------------|--|

RECEIVED

SEP 7 1950

DISTRICT DE/LIN OFFICE No. 6

File No.

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 _____

Was Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Walter Murray Guthrie*

Licensed Embalmer No. *4717*

P. O. Address *Dayton, 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.