

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **33049**

FILED OCT 17 1950

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **104**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY COOPER	b. CITY (If outside corporate limits, write RURAL, and give township) BOONVILLE	c. LENGTH OF STAY (In this place) 50 yrs	a. STATE MISSOURI b. COUNTY COOPER
d. FULL NAME OF HOSPITAL OR INSTITUTION 100 HIGH ST.		c. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE 0272	
		d. STREET ADDRESS (If rural, give location) 100 HIGH STREET	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) J.	c. (Last) JACKSON	4. DATE OF DEATH (Month) (Day) (Year) OCT. 10-1950
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5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MARCH 2-1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY DAY WORK	11. BIRTHPLACE (State or foreign country) COOPER COUNTY - MO.		12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME J.C. JACKSON-BOONVILLE MO.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 11 DAYS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	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.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 SEPT 13, 1949, to OCT 10, 1950, that I last saw the deceased alive on OCT 10, 1950, and that death occurred at 3:15 P m., from the causes and on the date stated above.

23a. SIGNATURE <i>J.C. Tincher</i>	(Degree or title) M.D.	23b. ADDRESS Boonville Mo	23c. DATE SIGNED Oct 10 1950
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24a. BURIAL (CREMATION, REMOVAL) (Specify) BURIAL	24b. DATE 10/13/50	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY	24d. LOCATION (City, town, or county) (State) BOONVILLE - MO.
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DATE REC'D BY LOCAL REG. 10-12-50	REGISTRAR'S SIGNATURE <i>D.A. Hooper</i>	381	25. FUNERAL DIRECTOR'S SIGNATURE STEGNER FUNERAL HOME-BOONVILLE MO.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED 10-16-58

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-16-58

133 8

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.

Student
Student Embalmer

Student Embalmer No. _____

Signed James W. Stegner

Licensed Embalmer No. 3780

P. O. Address BOONVILLE - 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.