

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34063

State File No.

BIRTH NO. 66623-50 REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 396

581
0

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

| | | | |
|---|-----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>LINN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>LINN</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u> | c. LENGTH OF STAY (in this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin, Imp.</u> | d. STREET ADDRESS (If rural, give location) <u>Rt #2 0522</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>DARYL</u> b. (Middle) <u>KIETH</u> c. (Last) <u>JACKSON</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29, 1950</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u> | 8. DATE OF BIRTH <u>Oct 29 1950</u> | | 9. AGE (In years) last birthday: if UNDER 1 YEAR: Months Days; if UNDER 24 HRS. Hours Min. <u>1</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | 11. BIRTHPLACE (State or foreign country) <u>MARCELINE Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|---------------------------------------|---|--------------------------------------|--|
| 13a. FATHER'S NAME <u>LEO JACKSON</u> | 13b. MOTHER'S MAIDEN NAME <u>HELEN BARNES</u> | 14. NAME OF HUSBAND OR WIFE <u>-</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>-</u> | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Leo Jackson</u> | ADDRESS <u>Bucklin, 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia Nervosa</u> ANTECEDENT CAUSES <u>Premia Junct</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>7625</u> |
| II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|------------------------|----------------------------------|--|---|
| 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) | 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 10-29, 1950, to 10-29, 1950, that I last saw the deceased alive on 10-29, 1950, and that death occurred at 3 A.M., from the causes and on the date stated above.

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|---|------------------------------------|----------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Marceline, Mo.</u> | 23c. DATE SIGNED <u>10-29-50</u> |
|---|------------------------------------|----------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>0</u> | 24b. DATE <u>10-29-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Bucklin Mo.</u> |
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|---|---|-----|--|
| DATE REC'D BY LOCAL REG. <u>Oct 29-1950</u> | REGISTRAR'S SIGNATURE <u>Maryloue Owens</u> | 401 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service</u> ADDRESS <u>Bucklin, Mo.</u> |
|---|---|-----|--|

Date Received: NOV 6
DISTRICT HEALTH OFFICE
District File Number // -5
Date Filed: NOV 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 ^{not} _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed E. Larson

Licensed Embalmer No. 4007

P. O. Address Burlington, 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.