

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36111

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5080 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deer Creek Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deer Creek Twp.</u> <u>0070</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosella</u> b. (Middle) <u>A.</u> c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1950</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-31-1873</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTH <u>76</u>	11. YEAR <u>76</u>	12. HOURS <u>76</u>	13. MIN. <u>76</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John C. Stark</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Elgan</u>	14. NAME OF HUSBAND OR WIFE <u>deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pleasant Stark</u>	ADDRESS <u>Lowry City 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>probably influenza</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis &amp; Diabetes</u>		481X	

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 12, 1950 to Nov 15, 1950, that I last saw the deceased alive on Nov 14, 1950, and that death occurred at 3: A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ge. E. Robinson M.D.</u>	23b. ADDRESS <u>Adrian, Mo.</u>	23c. DATE SIGNED <u>11-15-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Adam Howell Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bates Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-17-50</u>	REGISTRAR'S SIGNATURE <u>Myra Owens</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick Mangold</u>	ADDRESS <u>Amsterdam, Mo</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

070  
1.

RECEIVED

11/20/50

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 11/20/50 .....

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 *L. A. Mangole* .....

Licensed Embalmer No. *3610* .....

P. O. Address *Amsterdam 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.