

FILED NOV 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39614**
Registrar's No. **1173**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) Nevada		c. CITY (If outside corporate limits, write RURAL and give township) Nevada	
c. LENGTH OF STAY (If this place) 1 day		d. STREET ADDRESS (If rural, give location) 210 N. Clay	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Eugene b. (Middle) Clinton c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) Nov-2-50
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6 1903	9. AGE (In years last birthday) 47	if UNDER 1 YEAR Months 4	if UNDER 1 YEAR Days 26	if UNDER 1 YEAR Hours	if UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Trans. Bureau	10b. KIND OF BUSINESS OR INDUSTRY Double-Endless Co	11. BIRTHPLACE (State or foreign country) Leavenworth Kans.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME J. Clinton Jackson	13b. MOTHER'S MAIDEN NAME Margaret Ann McKee	14. NAME OF HUSBAND OR WIFE Louis Jackson Nevada
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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. unknown	17. INFORMANT'S SIGNATURE OR NAME Ms. Louis Jackson	ADDRESS Nevada, 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulated hernia		36 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial failure DUE TO (c) Toxemia - myocarditis		? ?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			56 11

19a. DATE OF OPERATION Nov. 2, 1950	19b. MAJOR FINDINGS OF OPERATION Strangulation of loop of small intestine - intestine congested but viable	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 **Nov. 1, 1950**, to **Nov. 2, 1950**, that I last saw the deceased alive on **Nov. 2, 1950**, and that death occurred at **9:20 P** m., from the causes and on the date stated above.

23a. SIGNATURE E. R. King M.D.	23b. ADDRESS Nevada, Mo.	23c. DATE SIGNED 11-4-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-4-50	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada Mo
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DATE REC'D BY LOCAL REG. Nov. 11 - 50	REGISTRAR'S SIGNATURE Kathryn H. Yancey	331	25. FUNERAL DIRECTOR'S SIGNATURE Eichinger	ADDRESS Farmington, Nevada, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 14 1950
Dist. File 1150-2308
Date Filed 11-27-50

MAR 7 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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Mark Eichenberger

Licensed Embalmer No. 2656

P. O. Address Meriden, 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.