

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1559

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5579 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Mineral Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (In this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 1805 Ind. Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oronogo, Mo. Rt. # 1			

3. NAME OF DECEASED (Type or Print) Clara	a. (First)	b. (Middle) Bell	c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 27, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 5	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert T. Compton	13b. MOTHER'S MAIDEN NAME Mary A. Childress	14. NAME OF HUSBAND OR WIFE Frank P. Jackson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Frank P. Jackson, 1805 Ind. Joplin, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocardial degeneration DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days 4222 3 weeks
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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)	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 12-24, 1950, to 1-2, 1951, that I last saw the deceased alive on 1-24, 1951, and that death occurred at 9:45A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John S. Arnce-Simpson</i>	23b. ADDRESS 202 West City Joplin	23c. DATE SIGNED 1-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Forest Park Cemetery	24d. LOCATION (City, town, or county) Joplin, Missouri
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DATE REC'D BY LOCAL REG. Jan 5/51	REGISTRAR'S SIGNATURE <i>J. L. Hutchett</i>	5. FUNERAL DIRECTOR'S SIGNATURE <i>John S. Arnce-Simpson</i>	ADDRESS Webb City, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 1-10-51
Jasper County Health Office

County File Number 50-1-1
Date Filed 1-10-51

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 *Jack C. Simpson*

Signed.....
Student Embalmer

Licensed Embalmer No. *4647*

P. O. Address. *Webb City, 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.