

FILED FEB 13 1951

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

State File No. **2126**

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3054** Registrar's No. **11**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) Louisiana		c. CITY (If outside corporate limits, write RURAL and give township) Louisiana	
c. LENGTH OF STAY (In this place) 25 years		d. STREET ADDRESS (If rural, give location) North 8th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION North 8th St.			

3. NAME OF DECEASED (Type or Print) a. (First) LOU	b. (Middle)	c. (Last) JACKSON	4. DATE OF DEATH (Month) JAN. (Day) 30 (Year) 1951
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5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 11, 1898	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 0 Days 19	IF UNDER 24 HRS. Hours Mins.
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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 Housekeeping	11. BIRTHPLACE (State or foreign country) Unknown	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William Jackson	13b. MOTHER'S MAIDEN NAME Maggie Fisher	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 ID. none	17. INFORMANT'S SIGNATURE OR NAME Jessie James Jackson, Louisiana, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased ~~live~~ on **Jan 30**, 1951, and that death occurred at **4 A.** m., from the causes and on the date stated above.

23a. SIGNATURE J. C. Mudd	(Degree or title) Coroner	23b. ADDRESS Baileys Green Mo.	23c. DATE SIGNED Jan 30-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/51	24c. NAME OF CEMETERY OR CREMATOR Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri

DATE REC'D BY LOCAL REG. Feb. 3, 1951	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

082

0821

4201

Date Received: FEB 8 1951
DISTRICT HEALTH OFFICE #2
District File Number 2-51-3
Date Filed: FEB 8 1951

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 Virginia M. Stone

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.