

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5346
Registrar's No. 51

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrison</u> <u>0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>435 S. 6th St.</u>		d. STREET ADDRESS (If rural, give location) <u>435 S. 6th St</u>	
3. NAME OF DECEASED a. (First) <u>Margaret</u> b. (Middle) <u>ANN</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10. 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 22. 1866</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>1</u> Months	IF UNDER 1 YEAR <u>19</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Cent. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>William Barton</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah</u>		14. NAME OF HUSBAND OR WIFE <u>Joshua</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mally Hunt</u>		ADDRESS <u>435 S. 6th Harrison, Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died 7 old age</u> ANTECEDENT CAUSES <u>I could detect no diseased</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>condition</u> DUE TO (b) _____ DUE TO (c) _____ 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 type="checkbox"/>		794X	
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 _____, 1914, to Feb 10, 1951, that I last saw the deceased alive on 2-9-1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.P. Birney</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Harrison Mo</u>	
23c. DATE SIGNED _____		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-13-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Rolls Missouri</u>		DATE REC'D BY LOCAL REG. <u>2-13-51</u>	
REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke</u>		FUNERAL DIRECTOR'S SIGNATURE <u>James O'Donnell</u>	
ADDRESS _____		ADDRESS <u>Harrison Mo</u>	

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

1644

RECEIVED FEB 16 1951
U. S. HEALTH DEPT.
DATE FILED FEB 17 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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Michael J. O'Connell*

Signed.....
Student Embalmer

Licensed Embalmer No. *3246*

P. O. Address *Hannibal 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.