

FILED MAR 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5405

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 5784 Registrar's No. 140670

1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - James Bayou Sup.</i>		c. LENGTH OF STAY (In this place) <i>10 days</i>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rural - James Bayou Sup.</i>		d. STREET ADDRESS (If rural, give location) <i>20 mi. So East of East Prairie</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>20 mi. So East of East Prairie</i>			d. STREET ADDRESS (If rural, give location) <i>20 mi. So East of East Prairie</i>		
3. NAME OF DECEASED (Type or Print) a. (First) <i>ROSIE</i> b. (Middle) <i>LEE</i> c. (Last) <i>JACKSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 5, 1951</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>	8. DATE OF BIRTH <i>Feb. 25, 1951</i>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <i>1</i> Days <i>10</i> IF UNDER 12 HRS. Hours <i></i> Min. <i></i>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Miss. Co. Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Luther Jackson</i>		13b. MOTHER'S MAIDEN NAME <i>Ella Mae Dixon</i>		14. NAME OF HUSBAND OR WIFE <i>none</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Luther Jackson - East Prairie, Mo.</i> ADDRESS <i>East Prairie, Mo.</i>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Typhoid Fever</i>				INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Influenza</i>				<i>1 wk.</i>
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>480X</i>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i></i>	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) m.	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 <i>Feb 28, 1951</i> , to <i>Mchs, 1951</i> that I last saw the deceased alive on <i>Mch 1, 1951</i> , and that death occurred at <i>7: A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>A. O. Martin M.A.</i> (Degree or title)		23b. ADDRESS <i>East Prairie, Mo.</i>		23c. DATE SIGNED <i>3-6-51</i>	
24a. BURIAL, CREMATION, REBURIAL (Specify) <i>Burial</i>	24b. DATE <i>March 6, 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Charleston, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>3-6-51</i>	REGISTRAR'S SIGNATURE <i>Gertrude G. Harper</i>	197	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wm. Shelby</i> ADDRESS <i>East Prairie</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 8 REC'D

RECEIVED
Miss. Co. Health Dept
County File No: _____
Date Filed MAR 12 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 Travis Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.