

FILED MAR 26 1951

STANDARD CERTIFICATE OF DEATH

State File No. 8082

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 255

1. PLACE OF DEATH
 a. COUNTY Greene
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield
 c. LENGTH OF STAY (in this place) 11 Days
 d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Webster
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rogersville Rural
 d. STREET ADDRESS (If rural, give location) 1120

3. NAME OF DECEASED
 a. (First) SARAH b. (Middle) Virginia c. (Last) JACKSON
 4. DATE OF DEATH (Month) (Day) (Year) MARCH 20 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Nov. 24, 1897 9. AGE (in years last birthday) Months Days 73 73 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (State or foreign country) Webster Co, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah Atkinson 13b. MOTHER'S MAIDEN NAME Adeline Caynor 14. NAME OF HUSBAND OR WIFE Albert C.

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. No 17. INFORMANT'S SIGNATURE OR NAME Loris Jackson, Daughter ADDRESS Rogersville

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis (Nemia) INTERVAL BETWEEN ONSET AND DEATH 4 Days
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arterial Sclerosis years?
 DUE TO (c) Vascular Occlusion 4 wks
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degeneration 6 Mos.

19a. DATE OF OPERATION 3/15/51 19b. MAJOR FINDINGS OF OPERATION Gangrene right foot 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) No 21c. CITY, TOWN OR TOWNSHIP (COUNTY) (STATE) No

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) No 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR No

22. I hereby certify that I attended the deceased from 1945 to 3/20, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE R. H. Focht M.D. (Degree or title) 23b. ADDRESS Strofford Mo 23c. DATE SIGNED 3/21/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 22, 1951 24c. NAME OF CEMETERY OR CREMATORY Prospect Cem. 24d. LOCATION (City, town, or county) (State) Niangra Rural, Missouri

DATE REC'D BY LOCAL REG. 3-22-51 REGISTRAR'S SIGNATURE W. E. Handley M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Kelley-Ferris 4-Bergman ADDRESS Rogersville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

96
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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 _____

Don E. Fenwick

working under my personal supervision.

Student Embalmer No. 397

Signed Don E. Fenwick
Student Embalmer

Signed K. K. Kelley
Licensed Embalmer No. 3334

P. O. Address Fordland, Me.

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.