

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11288

BIRTH NO. _____		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 11	
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STONE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HURLEY		c. LENGTH OF STAY (in this place) 7 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HURLEY		1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location) HOME			
3. NAME OF DECEASED (Type or Print) a. (First) EVERETT		b. (Middle) LOUIS		c. (Last) JACKSON		4. DATE OF DEATH (Month) (Day) (Year) FEB. 15 1951	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 1 - 1865	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME NATHAN JONES		13b. MOTHER'S MAIDEN NAME MARTHA TURNER		14. NAME OF HUSBAND OR WIFE MARTHA TURNER JACKSON			
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 ADDRESS MRS. MARTHA JACKSON, HURLEY, MO.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure ANTECEDENT CAUSES Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
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) 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 Jan , 1951, to Feb , 1951, that I last saw the deceased alive on Feb 13 , 1951, and that death occurred at 3:25 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Karl J. Leidinger M.D.				23b. ADDRESS Billings Mo		23c. DATE SIGNED 2-28-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-18-1951		24c. NAME OF CEMETERY OR CREMATORY SHORT CEMETERY		24d. LOCATION (City, town, or county) (State) STONE CO., MISSOURI	
DATE REC'D BY LOCAL REG. Mar. 1-51		REGISTRAR'S SIGNATURE Lena Murray, Dep.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Dean Harris, Clever, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 21 1951

Dist. File 357-582

Date Filed 3-21-51

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.