No. 300
10-48

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

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12621

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1497

1. PLACE OF DEATH
a. COUNTY: Jackson Co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo
c. LENGTH OF STAY (in this place): ~~5 Hr. 24 Min.~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Children's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Mo
d. STREET ADDRESS (If rural, give location): 5441 E. 29th 3350

3. NAME OF DECEASED (Type or Print)
a. (First): Linda
b. (Middle): Diane
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): 4 5 1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Child 0
8. DATE OF BIRTH: 1-1-1950
9. AGE (In years last birthday): 1 — If under 1 year: Months ~~15~~, Days; If under 1 day: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): St. Joseph Hosp. K.C. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jesse Jackson
13b. MOTHER'S MAIDEN NAME: Virginia Johnson
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Jesse Jackson
ADDRESS: 5441 E 29, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hydrocephalus - congenital — INTERVAL BETWEEN ONSET AND DEATH: 15 hr.

ANTECEDENT CAUSES
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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE F. C. Coleman (Degree or title): F. C. Coleman, M.D. Pathologist
23b. ADDRESS: 4922 Bell St. K.C. Mo.
23c. DATE SIGNED: Apr 5, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/7/1950
24c. NAME OF CEMETERY OR CREMATORY: Floral Hills
24d. LOCATION (City, town, or county) (State): Jackson Co, Mo

DATE REC'D BY LOCAL REG.: 4-6-57
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: E.K. George & Sons
ADDRESS: Belton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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. Not Embalmed

Student Embalmer No.....

Signed Richard E. George

Signed.....
Student Embalmer

Licensed Embalmer No. 3958

P. O. Address Belton 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.