

FILED OCT 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29612

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 218

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |  |
| b. CITY OR TOWN <u>Poplar Bluff</u>  |   | c. CITY OR TOWN <u>Poplar Bluff</u>  |  |
| c. LENGTH OF STAY (in this place) <u>byear</u>   |   | d. STREET ADDRESS (If rural, give location) <u>Manchester</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   |  |  |
| 3. NAME OF DECEASED<br>a. (First) <u>James</u> b. (Middle) <u>Bernard</u> c. (Last) <u>Ross</u>  |   | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 27 1951</u>   |  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>C</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>  | 8. DATE OF BIRTH <u>9-14-1895</u>  |
| 9. AGE (in years last birthday) <u>56</u>  | IF UNDER 1 YEAR Months <u>0</u> Days <u>13</u>  | IF UNDER 24 HRS. Hours <u></u> Min. <u></u>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Undertaker</u>   | 11. BIRTHPLACE (State or foreign country) <u>Haley Springs Miss.</u>   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>                                       |
| 13a. FATHER'S NAME <u>James Wesley Jackson</u>   | 13b. MOTHER'S MAIDEN NAME <u>Sueie Anna Jackson</u>   | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Royana Ross</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, ADDRESS <u>Mrs. Royana Ross, St. Louis, Mo.</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occl. non</u><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION: <u>4201</u>   |  | 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) (Min.)   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 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 <u>11 P.m.</u> , from the causes and on the date stated above.   |   |  |  |
| 23a. SIGNATURE <u>Wm. H. Johnson</u> (Degree or title)   |   | 23b. ADDRESS <u>Poplar Bluff, Mo.</u>  | 23c. DATE SIGNED <u>Oct 1-51</u>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   | 24b. DATE <u>10, 2 '51</u>  | 24c. NAME OF CEMETERY OR CREMATORY   | 24d. LOCATION (City, town, or county) (State) <u>Haley Springs, Miss.</u>        |
| DATE REC'D BY LOCAL REG. <u>Oct 2, 1951</u>  | REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Fred. J. Smith - Poplar Bluff, Mo.</u>   |  |

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

RECEIVED

BUTLER CO. HEALTH CENTER

FILE No. 1051-441

**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 Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Liberton, 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.