

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30920

State File No. ....

FILED OCT 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 4360 Registrar's No. 25

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>New MADRID</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>New MADRID</u> |  |
| b. CITY OR TOWN <u>PORTAGEVILLE</u>              |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE 0721</u>                                    |  |
| c. LENGTH OF STAY (in this place)                |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION          |  |  |  |

|   |            |             |                          |  |
|---|------------|-------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) <u>WILL</u> | a. (First) | b. (Middle) | c. (Last) <u>JACKSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5 1951</u> |
|---|------------|-------------|--------------------------|--|

|                    |                               |   |                              |  |                        |                      |                       |                      |
|--------------------|-------------------------------|---|------------------------------|--|------------------------|----------------------|-----------------------|----------------------|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>BLACK</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | 8. DATE OF BIRTH <u>1892</u> | 9. AGE (In years last birthday) <u>61'58</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 YEAR Hours | IF UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|------------------------------|--|------------------------|----------------------|-----------------------|----------------------|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm labor</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Tenn. 1</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
|---|-----------------------------------|--|---|

|                                      |   |                             |
|--------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME <u>don't know</u> | 13b. MOTHER'S MAIDEN NAME <u>don't know</u> | 14. NAME OF HUSBAND OR WIFE |
|--------------------------------------|---|-----------------------------|

|  |                                   |   |         |
|--|-----------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>70</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Frank Robertson - Catron, Mo</u> | ADDRESS |
|--|-----------------------------------|---|---------|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 yrs</u><br><u>2 yrs</u><br><u>2 yrs.</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chr. Myocarditis</u>  |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> |  |   |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis and malnutrition</u><br>DUE TO (c)                                     |   |  |   |

|                        |  |  |
|------------------------|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>443x</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 type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from Aug 13, 1951, to Sept 1, 1951, that I last saw the deceased alive on Aug 18, 1951, and that death occurred at 6A m., from the causes and on the date stated above.

|  |                                     |                                      |
|--|-------------------------------------|--------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>John J. Killian MD</u> | 23b. ADDRESS <u>Portageville Mo</u> | 23c. DATE SIGNED <u>Sept 7, 1951</u> |
|--|-------------------------------------|--------------------------------------|

|   |                               |  |  |
|---|-------------------------------|--|--|
| 24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 9, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Portageville Colored</u> | 24d. LOCATION (City, town, or county) (State) <u>Portageville Mo</u> |
|---|-------------------------------|--|--|

|  |  |   |                                |
|--|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG. <u>Sept 8, 1951</u> | REGISTRAR'S SIGNATURE <u>Ellen Heister</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> | ADDRESS <u>Portageville Mo</u> |
|--|--|---|--------------------------------|

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

0721

RECEIVED

OCT 3 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.

Student Embalmer No.....

Signed *Herbert J. Gan Jr.*

Signed.....

Student Embalmer

Licensed Embalmer No. *4800*

P. O. Address *Portageville, 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.