

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33110**

FILED OCT 17 1951

BIRTH NO. 13719-57 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>South Douglass</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Douglass</u>		d. STREET ADDRESS (If rural, give location) <u>South Douglass</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janetie</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 2 51</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>March 13-51</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Malden, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unkn own</u>	13b. MOTHER'S MAIDEN NAME <u>Pearline Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Pearline Jackson</u> ADDRESS <u>Malden, Mo.</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>28</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u>		
	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 <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) <u>5710</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 Sept 29, 1951, to Oct 2, 1951, that I last saw the deceased alive on Sept 29, 1951, and that death occurred at 3 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or Title) <u>J. D. Schuman</u>	23b. ADDRESS <u>Malden</u>	23c. DATE SIGNED <u>10/2/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-3-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Clarkton Mo.</u>

DATE REC'D BY LOCAL REG. <u>10-6-51</u>	REGISTRAR'S SIGNATURE <u>J. D. Schuman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray General Stone</u> ADDRESS <u>Malden, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 10-8-51  
COUNTY FILE NUMBER 1251-268

**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

*J. E. Schuman*

Licensed Embalmer No. 4086

P. O. Address Malden, 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.