

S. No. 300
REV. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34003

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5570 Registrar's No. 392

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley Ft. Osage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sibley, Ft. Osage</u> <u>0480</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>in Sibley</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home of son</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliza</u>	b. (Middle) <u>N.</u>	c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1951</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 7, 1877</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John S. Johnson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Rhornton</u>	14. NAME OF HUSBAND OR WIFE <u>James A. Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>T. Clayton Jackson, Sibley, Mo</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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"/>
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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>331X</u>
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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?
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22. I hereby certify that I attended the deceased from 10/10, 1951, to 10/19, 1951, that I last saw the deceased alive on 10/19, 1951, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. V. Higgins, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Buckner Mo.</u>	23c. DATE SIGNED <u>10/23/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct 21, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sibley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sibley, Mo. Jackson</u>
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DATE REC'D BY LOCAL REG. <u>Oct 21, 1951</u>	REGISTRAR'S SIGNATURE <u>James A. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>V M Ruppert</u>	ADDRESS <u>Buckner, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

OCT 29 RECD

OCT 29 RECD

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 Ralph O. Jones
Licensed Embalmer No. 4604

P. O. Address Buckner

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.