

No. 300  
10.46

FILED NOV 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36152

State File No. ....

BIRTH NO. .... REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY OR TOWN <u>RURAL, BURDINE twp 7 mos.</u>	c. LENGTH OF STAY (in this place) <u>7 mos.</u>	c. CITY OR TOWN <u>CABOOL</u>	1070
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CELIA</u> b. (Middle) <u>EMALINE</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 26, 1951</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>10/4/1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>HENRY BECKER</u>	13b. MOTHER'S MAIDEN NAME <u>DEERSTINE</u>	14. NAME OF HUSBAND, OR WIFE <u>HARRY JACKSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>HARRY JACKSON</u>
		ADDRESS <u>CABOOL</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u>	DUE TO (b)		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	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 <u>4-4 3X</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 Oct 23, 1951, to Oct 25, 1951, that I last saw the deceased alive on Oct 25, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harriet Loggins</u>	(Degree or title)	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Oct 29/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>CABOOL MO.</u>
DATE REC'D BY LOCAL REG <u>10-30-51</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	323	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond V. Elliott</u>
			ADDRESS <u>Cabool</u>

(Licensed Embalmer's Statement on Reverse Side)

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

~~DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield~~

~~RECEIVED NOV 5 1951~~

~~Dist. File \_\_\_\_\_~~

~~Date Filed \_\_\_\_\_~~

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~~Date Filed 11-5-1951~~

**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 \_\_\_\_\_

*James L. Gentry*

Licensed Embalmer No. *4718*

P. O. Address *Cabool, 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.