

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38214**

FILED DEC 12 1951

BIRTH NO. _____ REG. DIST. NO **241** PRIMARY REG. DIST. NO. **5828** Registrar's No. **31**

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Le Sueur		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Le Sueur Twp	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) Portageville 07 1/2	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) Jackson c. (Last) Jackson			4. DATE OF DEATH (Month) (Day) (Year) Dec 2 1951		
5. SEX Male	6. COLOR OR RACE Black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Dec 13 1936	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months 11 Days 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Cassola, Ark	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Philip Jackson	13b. MOTHER'S MAIDEN NAME Ethel Gray	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

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

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hit by truck, caused		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Crushed head		
	DUE TO (c) E. 82.40		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 32			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 178	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Le Sueur, New Madrid, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec - 2 - 51 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Hit by truck

22. I hereby certify that I attended the deceased from 12, 1951, to 2, 1951, that I last saw the deceased alive on 12, 1951, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE L. H. Kegworth (Degree or title) Coroner	23b. ADDRESS New Madrid, Mo	23c. DATE SIGNED Dec 2-51
---	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 7, 1951	24c. NAME OF CEMETERY OR CREMATORY Free Will	24d. LOCATION (City, town, or county) (State) Point Pleasant Mo
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. 12-7-51	REGISTRAR'S SIGNATURE Ellen DeLisle ²¹⁹	25. FUNERAL DIRECTOR'S SIGNATURE DeWisle Funeral Parlor ADDRESS Portageville Mo
---	---	---

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

770

RECEIVED

DEC 11 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Herbert J. Gau Jr.

Licensed Embalmer No. 4800

P. O. Address Postageville

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.