

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

REC'D JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Buchanan <u>0117</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>5</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph <u>0117</u>	
c. LENGTH OF STAY (In this place) D.O.A.		d. STREET ADDRESS (If rural, give location) 816 Lincoln St. <u>D</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle) E.	c. (Last) Jackson	4. DATE OF DEATH (Month) (Day) (Year) January 14, 1952
---	----------------	-------------------	--

5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH December 7, 1892	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bottler		10b. KIND OF BUSINESS OR INDUSTRY brewery		11. BIRTHPLACE (State or foreign country) Bentonville, Arkansas <u>1</u>		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Jackson	13b. MOTHER'S MAIDEN NAME Cordilia Patyshawl	14. NAME OF HUSBAND OR WIFE Leota Jackson
-----------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) yes W.W.I	16. SOCIAL SECURITY NO. 491-09-8903	17. INFORMANT'S SIGNATURE OR NAME Mrs. William Jackson	ADDRESS 816 Lincoln, St. Joseph
--	-------------------------------------	--	---------------------------------

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) Coronary Thromb -		INTERVAL BETWEEN ONSET AND DEATH 1/2 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio scl. gen.		
	DUE TO (c) Quad ulcer -		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		3 months -	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 1/20, 1950, to 1/14, 1952, that I last saw the deceased alive on 1/14, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Handegan</u> (Degree or title) M.D.	23b. ADDRESS <u>620 Pierce St</u>	23c. DATE SIGNED <u>1/16/52</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/16/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Jan 18, 1952</u>	REGISTRAR'S SIGNATURE <u>Carl C. Caskey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Neaton Bowman Funeral Home</u>	ADDRESS <u>St. Joseph, Mo.</u>
--	---	--	--------------------------------

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

APR 12 1932

JAN 25 1932

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 *William Garding*

Signed.....
Student Embalmer

Licensed Embalmer No. 4575

P. O. Address *319 Sixth St. Joseph, 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.