

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

4630

State File No.

No. 300
10. 48

FILED FEB 18 1952

BIRTH NO. 6781952 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 128

1396

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

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> b. CITY OR TOWN <u>Springfield</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>714 N. Clay Ave.</u> | |
| 3. NAME OF DECEASED a. (First) <u>Infant</u> b. (Middle) c. (Last) <u>Jackson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>February 10 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>February 19, 1952</u> |
| 9. AGE (In years last birthday) <u>—</u> | IF UNDER 1 YEAR: Months <u>—</u> Days <u>—</u> | IF UNDER 24 HRS.: Hours <u>6</u> Min. <u>40</u> | 11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>Robert Edward Jackson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Edna Jerrie Rainey</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Edna Jerrie Jackson</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature</u> ANTECEDENT CAUSES: <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>3 1/2 wk gestation</u> DUE TO (c) <u>Unknown Cause</u> 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>776x</u> | |
| 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) | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <u>February 9, 1952</u>, to <u>February 10 1952</u> that I last saw the deceased alive on <u>February 10 1952</u>, and that death occurred at <u>6:30 P. m.</u>, from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 23b. ADDRESS <u>Springfield, Mo.</u> | 23c. DATE SIGNED <u>2-11-52</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-11-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Raylewood</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>2-12-52</u> | REGISTRAR'S SIGNATURE <u>James R. Amos, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. V. Smith</u> ADDRESS <u>6027 Jefferson</u> | |

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 Not Embalmed
.....

Licensed Embalmer No.

P. O. Address.....

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.