

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

8026

State File No.

No. 300
10.48

FILED APR 7 1952

96
4

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>323</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene, Mo.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Rural, North</u>		d. STREET ADDRESS (If rural, give location) <u>Route 4 Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Duman Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Route 4 Campbell</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 20-1869</u>	9. AGE (In years last birthday) <u>82</u>	10. MONTHS <u>10</u>	11. DAYS <u>11</u>	12. IF UNDER 24 HRS. Hours Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>John Viles</u>			13b. MOTHER'S MAIDEN NAME <u>(?) Ledbetter</u>		14. NAME OF HUSBAND OR WIFE <u>W. B. Jackson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charley Raines</u>			ADDRESS <u>Verona, Mo.</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>Arterio Sclerosis</u>					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) _____ 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>4500</u>				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 <u>2-10, 1952</u> , to <u>3-31, 1952</u> , that I last saw the deceased alive on <u>3-25, 1952</u> , and that death occurred at <u>1 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Kelly MD</u> (Degree or title)				23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>4-2-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/2/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Masonia</u>		24d. LOCATION (City, town, or county) (State) <u>Greene Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-2-52</u>		REGISTRAR'S SIGNATURE <u>Jamies R. Amos MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James ...</u> ADDRESS <u>Springfield, Mo.</u>			

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

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 _____

Lewis G Scharpf

Signed.....
Student Embalmer

Licensed Embalmer No. 3862

P. O. Address *Springfield, 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.