No. 300
10.48

FILED MAR 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8182

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 27

451

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

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette
c. LENGTH OF STAY (in this place) 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 321 Hackberry St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Howard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fayette 0451
d. STREET ADDRESS (If rural, give location) 321 Hackberry St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) Dysart
c. (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) Mar. 5, 1952

5. SEX Female 3

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 1, 1877

9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 5 Days 4 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Howard Co. Missouri 0

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Amos Stapleton

13b. MOTHER'S MAIDEN NAME Ann Bly

14. NAME OF HUSBAND OR WIFE Red Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME John Canole ADDRESS Fayette, Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — unknown
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 4201

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1952, *to* March 5, 1952, *that I last saw the deceased alive on* March 5, 1952, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Francis A. Dunn (Degree or title) M.D.

23b. ADDRESS Fayette Mo

23c. DATE SIGNED 3-12-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/8/52

24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery

24d. LOCATION (City, town, or county) Fayette, (State) Mo

DATE REC'D BY LOCAL REG. 3-12-52

REGISTRAR'S SIGNATURE Mary A. Shell 436

25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr ADDRESS Fayette, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph A. Carr

Signed.....
Student Embalmer

Licensed Embalmer No. 3340

P. O. Address Fayette 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.