No. 300
10-48

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

013

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

MAY 5 - 1952

State File No. 11871

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKSVILLE
c. LENGTH OF STAY (In this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital & Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Mo.
b. COUNTY: Macon 0671
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Macon 1
d. STREET ADDRESS (If rural, give location): 111 E. Fifth St.

3. NAME OF DECEASED (Type or Print): a. (First) Rosa b. (Middle) B. c. (Last) Jackson

4. DATE OF DEATH: (Month) 4 (Day) 16 (Year) 1952

5. SEX: F 3
6. COLOR OR RACE: Black
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: May 22, 1915
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — 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: -------
11. BIRTHPLACE (State or foreign country): Macon Co., Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Emmett Enyard
13b. MOTHER'S MAIDEN NAME: Ocie Hicks
14. NAME OF HUSBAND OR WIFE: Wallace 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: Wallace Jackson ADDRESS: Macon, Mo.

MEDICAL CERTIFICATION

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) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 584X

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Chronic cholecystitis with cholelithiasis
Recurrent appendicitis, focal necrosis of liver

19a. DATE OF OPERATION: 4-16-52
19b. MAJOR FINDINGS OF OPERATION: Adhesionectomy and appendectomy
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* 4-16-52, 19____, *to* 4-16-52, 19____, *that I last saw the deceased alive on* 4-16-52, 19____, *and that death occurred at* 11:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Lawyer Jr (Degree or title) D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: 4-26-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/19/52
24c. NAME OF CEMETERY OR CREMATORY: Jacksonville
24d. LOCATION (City, town, or county) (State): Randolph Co., Mo.

DATE REC'D BY LOCAL REG.: 4-28-52
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: Albert Skinner ADDRESS: Macon 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 Thos. L. Bott

Signed.....
Student Embalmer

Licensed Embalmer No. 4552

P. O. Address Macon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.