

5. No. 300
v. 10.48

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12057

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 426

1. PLACE OF DEATH a. COUNTY Buchanan		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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (in this place) 28 Years		d. STREET ADDRESS (If rural, give location) 412 North 2nd Street	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) CLIFFORD JACKSON			4. DATE OF DEATH (Month) (Day) (Year) 4 13 1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH 11 2 1886		9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri	
				12. CITIZENRY OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME David Jackson		13b. MOTHER'S MAIDEN NAME Elvira Irvin		14. NAME OF HUSBAND OR WIFE Mary R. Jackson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Chairty Tolbert, Atchison, Kans	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 4 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident		DUE TO (b) Hypertensive Cardio Vascular Heart Disease			Unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Cardiac Decompensation, Mild Osteo Arthritis Latent Syphilis			1 week Unknown Unknown
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION. 443X B			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)	
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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?
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22. I hereby certify that I attended the deceased from 1-12, 1951, to 4-13, 1952, that I last saw the deceased alive on 4-12, 1952, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] M.D.		23b. ADDRESS Tootle Building St. Joseph, Missouri		23c. DATE SIGNED 4-21-52	
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 4-21-1952		24c. NAME OF CEMETERY OR CREMATORY City Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. April 22, 1952		REGISTRAR'S SIGNATURE Carl C. Coats		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. H. Alexander, 1602 Meiss, City	
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm. H. Alexander

Licensed Embalmer No. 4450

P. O. Address 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.