S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12400

FILED MAY 3 - 1952

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 35

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gashland
c. LENGTH OF STAY (In this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cave Rd 1/2 Mile East of 169

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gashland 0240
d. STREET ADDRESS (If rural, give location): Cave Rd 1/2 Mile East of 169

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

4. DATE OF DEATH (Month) (Day) (Year): April 29 1952

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: June 20 1894
9. AGE (In years last birthday): 57 — If under 1 year: Months 10, Days 9 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturer Farm Machinery
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: James T. Jackson
13b. MOTHER'S MAIDEN NAME: Martha L. Christ
14. NAME OF HUSBAND OR WIFE: Myrtle Anna Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 496-01-2822
17. INFORMANT'S SIGNATURE OR NAME: Clint Jackson — ADDRESS: K.C.

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 Occlusion — 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: 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: V. L. Pate M.D. Coroner (Degree or title)
23b. ADDRESS: North Kansas City Mo.
23c. DATE SIGNED: 4/30/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 May 1952
24c. NAME OF CEMETERY OR CREMATORY: White Chapel Gardens
24d. LOCATION (City, town, or county) (State): Kansas City North, Mo.

DATE REC'D BY LOCAL REG.: 5/2-1952
REGISTRAR'S SIGNATURE: Beulah Kitchen L.S.
25. FUNERAL DIRECTOR'S SIGNATURE: Motor Funeral Home NKC — ADDRESS

(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 _____

_____, Student Embalmer No. 457

working under my personal supervision.

Student R. G. Boage
Student Embalmer

Signed John Morton M.D.

Licensed Embalmer No. 4836

P. O. Address N.K.C. 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.