

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	c. LENGTH OF STAY (in this place) years 0100	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Centralia	
d. FULL NAME OF HOSPITAL OR INSTITUTION: RFD 5 South Allen St.		d. STREET ADDRESS (If rural, give location) RFD 5 South Allen St.	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) EDWIN c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) Aug. 3, 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-11-1870	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Days 5	# UNDER 1 HR. Hours 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Harness Maker		10b. KIND OF BUSINESS OR INDUSTRY Harness Making		11. BIRTHPLACE (State or foreign country) Rushville, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David Jackson		13b. MOTHER'S MAIDEN NAME Mary Frances Bowen		14. NAME OF HUSBAND OR WIFE Mary Frances Tealson	
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 ADDRESS Mrs. John Edwin Jackson, Centralia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left Hemiplegia DUE TO (c) Arteriosclerosis & Hypertension			INTERVAL BETWEEN ONSET AND DEATH 2 hours 2 1/2 hrs. years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 8-3-52		19b. MAJOR FINDINGS OF OPERATION 334x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Centralia, Boone, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> PART AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot	

22. I hereby certify that I attended the deceased from **8-3-52**, 19___, to **8-3-52**, 19___, that I last saw the deceased alive on **8-3-52**, 19___, and that death occurred at **3:44 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. P. S. Kuykendall		23b. ADDRESS Centralia, Mo		23c. DATE SIGNED 8-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-5-52	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri		

DATE REC'D BY LOCAL REG. Aug 4 - 1952	REGISTRAR'S SIGNATURE Maud M. Bride	25. FUNERAL DIRECTOR'S SIGNATURE Bill J. Mader	ADDRESS Centralia, Mo		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

MAR 11 1955

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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 Bill J. Meador

Signed.....
Student Embalmer

Licensed Embalmer No. 4876

P. O. Address _____

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.