

FILED AUG 14 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25331

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 75			
1. PLACE OF DEATH a. COUNTY Pike 0821				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Pike 0821					
b. CITY, OR TOWN Louisiana		c. LENGTH OF STAY (in this place)		c. CITY, OR TOWN Louisiana		d. STREET ADDRESS (If rural, give location) 201 Washington St.			
3. NAME OF DECEASED (Type or Print) Durward B. Jackson Sr.				4. DATE OF DEATH Aug. 6, 1952					
5. SEX Male ♂		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 9, 1892			
9. AGE (In years last birthday) 59		IF UNDER 1 YEAR 8 Months 27 Days		IF UNDER 18 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY general		11. BIRTHPLACE (State or foreign country) Jonesburg, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John William Jackson		13b. MOTHER'S MAIDEN NAME Sarah Foster		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 499-07-0574		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Forrest Jackson, Louisiana, 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 occlusion 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.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION home		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 4201		21d. (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>dead</u> on <u>Aug. 7</u> , 1952, and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John B. Mudd</u> (Degree or title)				23b. ADDRESS <u>Crown 3 Bowling Green, Mo.</u>		23c. DATE SIGNED <u>Aug-7-52</u> (State)			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-10-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) <u>Louisiana, Mo.</u> (State)			
DATE REC'D BY LOCAL REG. <u>Aug 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Bernese Collier 374</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u> <u>Louisiana, Mo.</u>					

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, ~~2003~~

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.