

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27136

State File No.

FILED AUG 25 1952

| | | | | | | | |
|--|--|---|--|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. <u>38</u> | | PRIMARY REG. DIST. NO. <u>3006</u> | | Registrar's No. <u>224</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Boone 0105</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | | |
| b. CITY OR TOWN <u>Columbia</u> | | c. LENGTH OF STAY (in this place) <u>28 yrs.</u> | | c. CITY OR TOWN <u>Columbia</u> | | d. STREET ADDRESS (If rural, give location) <u>300 Cherry St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LALLAS</u> | | b. (Middle) <u>MARVIN</u> | | c. (Last) <u>JACKSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 9 1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u> Negro</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Feb 28th 1924</u> | |
| 9. AGE (In years last birthday) <u>28</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Recreation Parlor</u> | | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Fletcher Jackson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Stella Elliott</u> | | 14. NAME OF HUSBAND OR WIFE <u>Stella Jean Jackson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>50016-8064</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Stella Jackson Columbia Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Fracture of skull + Cerebral injury</u> | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull + Cerebral injury</u> | | | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | ANTÉCEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home/farm, factory, street, office bldg., etc.) <u>Highway 40</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Boone Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/9/52 5:30 p.m.</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Swerved in front of truck</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>8/9/52</u> , 19 <u>52</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:10 p.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Henry H Sweet Jr MD Coroner</u> | | | | 23b. ADDRESS <u>909 University Columbia</u> | | 23c. DATE SIGNED <u>8/16/52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Aug 14 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Columbia</u> | | 24d. LOCATION (City, town, or county) (State) <u>Columbia Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>Aug 16 1952</u> | | REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stuart H Parker Columbia Mo</u> | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

SEP 16 1952

SEP 24 1952

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

Stuart D. Parkes

Licensed Embalmer No.

2900

P. O. Address

Columbia 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.