

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32437

State File No.

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 128

0781
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Demasot</u>		2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Demasot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti 0781</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Sallie</u>		b. (Middle)	
c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 19, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Unknown - abt 65</u>
9. AGE (In years, if under 1 year; Months, Days, if under 12 hrs. at birth)	10a. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Housework</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown 9</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	13a. FATHER'S NAME <u>Bob Maired</u>	13b. MOTHER'S MARRIED NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>n</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lena Johnson Rt 1 Box 209 Stale, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>Hypertensive Cardio-vascular disease</u>			
DUE TO (c) <u>Arteriosclerosis</u>			
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		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) (STATE) <u>443X</u>	
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?	
22. I hereby certify that I attended the deceased from <u>8-11</u> , 1952 to <u>8-11</u> , 1952, that I last saw the deceased alive on <u>8-11</u> , 1952, and that death occurred at <u>3:40 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C.D. Kaiser</u>		23b. ADDRESS (Degree or title) <u>MD Hayti Mo</u>	23c. DATE SIGNED <u>9-6-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-20-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Stale, Mo</u>
DATE REC'D BY LOCAL REG. <u>9-17-52</u>	REGISTRAR'S SIGNATURE <u>John W. German</u>	FUNERAL DIRECTOR'S SIGNATURE <u>John W. German</u>	ADDRESS <u>Hayti, Mo</u>

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 Raymond L. Duffin

Signed.....
Student Embalmer

Licensed Embalmer No. 4798

P. O. Address Hayti, 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.