

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 26 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>38 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2811 S. 19th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2811 S. 19th Street</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>E.</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 19, 1953</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>September 26, 1859</u>		9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Des Moines, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Samuel H. Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Helena Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Alfred Jackson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Virgil Jackson</u>		ADDRESS <u>St. Joseph, Mo.</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>						1 week	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>481X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Jan 19, 1953, to 1-19-53, that I last saw the deceased alive on 1-18-53, 1953 and that death occurred at 1:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. J. Hantoch</u>		(Degree of title)		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>1-21-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 22, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Starling Funeral Home</u>		24d. LOCATION (City, town, or county) (State) <u>Bayard, Iowa.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 22, 1953</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meierhoffer &amp; Leman</u>		ADDRESS <u>General Store, 8 St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 \_\_\_\_\_\*\*\*\*

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Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student .....\*\*\*.\*\*\*.....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, 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.