

STANDARD CERTIFICATE OF DEATH

500  
1  
BIRTH NO. JAN 13 1953

REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559V Registrar's No. 3

1. PLACE OF DEATH  
a. COUNTY Jefferson  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Foston Mo. Jackson  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY Jefferson  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Festus Mo R1 0500  
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED  
a. (First) William b. (Middle) Raphael c. (Last) Jackson  
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 6 1953

5. SEX Male  
6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed 2

8. DATE OF BIRTH  
Dec 22-1864

9. AGE (In years) (Months) (Days) (Hours) (Min.)  
88 0 14

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
Forchenelt Mo. Wash. Co. W.S.A.

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME  
Bonapart Jackson

13b. MOTHER'S MAIDEN NAME  
Sarah Simpson

14. NAME OF HUSBAND OR WIFE  
Dora May Jackson

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  
John Mage Festus Mo R1

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) Cardiovascular disease  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Generalized arteriosclerosis  
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

19b. MAJOR FINDINGS OF OPERATION  
4221

20. AUTOPSY?  
YES  NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 6 1952 to Dec. 22 1952, that I last saw the deceased alive on Dec 22 1952 and that death occurred at 10: 5 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
Zertalan Bolgar, MD

23b. ADDRESS  
Festus, Mo.

23c. DATE SIGNED  
1/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
Jan 8-1953

24c. NAME OF CEMETERY OR CREMATORY  
Presbyterian Cem.

24d. LOCATION (City, town, or county) (State)  
Festus Mo

DATE REC'D BY LOCAL REG.  
1-9-53

REGISTRAR'S SIGNATURE  
Dorothy R. Palitte

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Herbert S. Vinyard Festus Mo

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JAN 10 1953

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.....  
Student Embalmer

Signed *James Comerford*

Licensed Embalmer No. *4744*

P. O. Address *Crystal City, 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.