

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2624

State File No. _____

FILED JAN 28 1953

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 4435 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry, Missouri</u> <u>0870</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry, Mo. Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Perry, Mo. Residence</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Jackson</u>	(Month) <u>Jan.</u>	(Day) <u>20</u>	(Year) <u>1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>10-10-1866</u>	9. AGE (In years last birthday) <u>86</u>	<input type="checkbox"/> UNDER 1 YEAR Months <u>3</u> Days <u>10</u>
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>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>					

13a. FATHER'S NAME <u>James W. Allison</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Crigler</u>	14. NAME OF HUSBAND OR WIFE <u>C. S. Jackson</u>
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. C. S. Jackson</u>
		ADDRESS <u>Perry, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <u>Cerebral Hemorrhage</u> <u>2 yrs</u>	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	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)
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?

22. I hereby certify that I attended the deceased from Oct. 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan 20, 1953, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ernest T. Swan</u> (Degree or title) <u>D. O.</u>	23b. ADDRESS <u>Perry, Missouri</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-22-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery</u>
		24d. LOCATION (City, town, or county) (State) <u>Perry, Missouri</u>

DATE REC'D BY LOCAL REG. <u>1/23/53</u>	REGISTRAR'S SIGNATURE <u>Clyde Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wilkey</u>	ADDRESS <u>_____</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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Clyde Wilkey

Licensed Embalmer No. 3820

P. O. Address Peru, 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.