

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6023

State File No. 488

No. 300  
10,48.

FILED FEB 18 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY <b>Leavenworth</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b> c. LENGTH OF STAY (In this place) <b>102</b>		c. CITY (If outside corporate limits, write RURAL and give township): <b>8150 Leavenworth</b> OR TOWN <b>6X</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2320 Highland</b>		d. STREET ADDRESS (If rural, give location) <b>1117 0599 Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) <b>JANE</b> c. (Last) <b>JACKSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 25, 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 29, 1881</b>
9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 10 HRS. Days	IF UNDER 100 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Leavenworth, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Levy Miller</b>	13b. MOTHER'S MAIDEN NAME <b>Julie Oldham</b>	14. NAME OF HUSBAND OR WIFE <b>Thos. Jackson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Thos. Jackson</b> ADDRESS <b>1117 0599 Ave.</b>	
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) <b>Cerebral Vascular Accident</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <b>33 1/2</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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 <b>1/24, 1953</b> to <b>1/25, 1953</b> , that I last saw the deceased alive on <b>1/25, 1953</b> and that death occurred at <b>2:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>L. S. Dingle MD</b>	23b. ADDRESS <b>2122 E. 15th, H.C., Mo.</b>	23c. DATE SIGNED <b>1/26/53</b>	
24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>1/26/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Leavenworth</b>	24d. LOCATION (City, town, or county) (State) <b>Leavenworth, Mo.</b>
DATE REC'D BY LOCAL REG. <b>1-26-53</b>	REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas. Davis</b> ADDRESS <b>1415 E. Truman</b>	

**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 Lewis L. Jackson

Licensed Embalmer No. 4850

P. O. Address K. C. 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.