

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10937

State File No. ....

FILED MAR 30 1953 37947

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 41

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Pike</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Louisiana</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Louisiana</u>  |  |
| c. LENGTH OF STAY (in this place) <u>8 months</u>                                 |  | d. STREET ADDRESS (If rural, give location) <u>North 7th St.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North 7th St.</u>                      |  | e. STREET ADDRESS (If rural, give location) <u>North 7th St.</u>   |  |

|                                     |                         |                          |                          |  |
|-------------------------------------|-------------------------|--------------------------|--------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Larry</u> | b. (Middle) <u>Nolen</u> | c. (Last) <u>Jackson</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 16, 1953</u> |
|-------------------------------------|-------------------------|--------------------------|--------------------------|--|

|                    |                                 |   |                                       |  |  |   |
|--------------------|---------------------------------|---|---------------------------------------|--|--|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u> | 8. DATE OF BIRTH <u>June 18, 1952</u> | 9. AGE (In years last birthday) <u>8</u> | IF UNDER 1 YEAR Months <u>8</u> Days <u>28</u> | IF UNDER 12 HRS. Hours <u></u> Min. <u></u> |
|--------------------|---------------------------------|---|---------------------------------------|--|--|---|

|   |   |  |   |
|---|---|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Louisiana, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
|---|---|--|---|

|                                   |   |   |
|-----------------------------------|---|---|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Virginia Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
|-----------------------------------|---|---|

|  |                                     |   |
|--|-------------------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Virginia Jackson, Louisiana, Mo.</u> |
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|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>3 da</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> |  |   |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____  |   |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |   |

|                                    |  |  |
|------------------------------------|--|--|
| 19a. DATE OF OPERATION <u>none</u> | 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)<br><u>491X</u> |
|--|--|--|

|   |  |                                  |
|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased and alive on March 16, 1953, and that death occurred at 4 A. m., from the causes and on the date stated above.

|  |   |                                     |
|--|---|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>J. O. Mudd Coroner</u> | 23b. ADDRESS <u>Beaulieu Green, Mo.</u> | 23c. DATE SIGNED <u>March 16-53</u> |
|--|---|-------------------------------------|

|   |                          |  |  |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/18/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Louisiana, Missouri</u> |
|---|--------------------------|--|--|

|   |  |   |
|---|--|---|
| DATE RECD BY LOCAL REG. <u>March 18, 1953</u> | REGISTRAR'S SIGNATURE <u>Bernice Callier</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sterne Funeral Home, Louisiana, 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Virginia M. Sterne

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.