

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **15277**

FILED APR 17 1953

|                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                                                                                          |  |                                                                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                           |  | REG. DIST. NO. <b>282</b>                                                                                                                                                                                                                                                                                                                                                                                                             |                                               | PRIMARY REG. DIST. NO. <b>5977</b>                                                                                                       |  | Registrar's No. <b>53</b>                                                |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Polk</b>                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Polk</b> |  |                                                                          |  |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Aldrich</b>                                                                                                                                                               |  | c. LENGTH OF STAY (in this place)                                                                                                                                                                                                                                                                                                                                                                                                     |                                               | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <b>Aldrich</b>                                              |  | 8840                                                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               | d. STREET ADDRESS (If rural, give location) <b>0</b>                                                                                     |  |                                                                          |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>NORMA</b>                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       | b. (Middle)                                   |                                                                                                                                          |  | c. (Last) <b>JACKSON</b>                                                 |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 7-1953</b>                                                                                                                                                                                                 |  | 5. SEX <b>Female</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               | 6. COLOR OR RACE <b>white</b>                                                                                                            |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>    |  |
| 8. DATE OF BIRTH <b>Sept 16-1891</b>                                                                                                                                                                                                                      |  | 9. AGE (In years last birthday) <b>61</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                               | IF UNDER 1 YEAR Months Days                                                                                                              |  | IF UNDER 6 HRS. Hour Min.                                                |  |
| 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 (State or foreign country) <b>Aldrich - Mo.</b>           |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                                                                                                                                                                                                |  | 13a. FATHER'S NAME <b>G. Y. Box</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 13b. MOTHER'S MAIDEN NAME <b>Maggi Neil</b>                                                                                              |  | 14. NAME OF HUSBAND OR WIFE <b>Sam Jackson</b>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)                                                                                                                                        |  | 16. SOCIAL SECURITY NO. <b>none</b>                                                                                                                                                                                                                                                                                                                                                                                                   |                                               | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sam Jackson Aldrich - Mo.</b>                                                               |  |                                                                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>                     |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinoma Breast</b><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |                                               |                                                                                                                                          |  | INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>                            |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                                                    |  | 19b. MAJOR FINDINGS OF OPERATION <b>170x</b>                                                                                                                                                                                                                                                                                                                                                                                          |                                               |                                                                                                                                          |  | 20. AUTOPSY?<br>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)                                                                                                                                                                                                           |  | 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>March 13, 1953</b> to <b>April 7, 1953</b> that I last saw the deceased alive on <b>April 1, 1953</b> and that death occurred at <b>2 p. m.</b> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               |                                                                                                                                          |  |                                                                          |  |
| 23a. SIGNATURE <b>D. J. McLean</b> (Degree or title)                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                               | 23b. ADDRESS <b>Mo. Belton Mo</b>                                                                                                        |  | 23c. DATE SIGNED                                                         |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>                                                                                                                                                                                                   |  | 24b. DATE <b>April 10-53</b>                                                                                                                                                                                                                                                                                                                                                                                                          |                                               | 24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ledge Cemetery Aldrich - Mo.</b>                                                          |  | 24d. LOCATION (City, town, or county) (State)                            |  |
| DATE REC'D BY LOCAL REG. <b>APR. 10, 1953</b>                                                                                                                                                                                                             |  | REGISTRAR'S SIGNATURE <b>Ralph Gardner</b>                                                                                                                                                                                                                                                                                                                                                                                            |                                               | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ward - Donald Walnut Grove - Mo.</b>                                                         |  |                                                                          |  |

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

S. No. 300  
V. 10.48

840  
1

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Gayle Samuel.....

Licensed Embalmer No. 4202.....

P. O. Address Asa Grove, N.C......

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.