

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18915

State File No.

FILED JUN 10 1953
BIRTH NO. 30894

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rolla</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Liberty</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>North of Duke</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Phelps County Memorial</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>ROBERT</i> b. (Middle) c. (Last) <i>JACKSON</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 31 1953</i>	
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>0</i>	8. DATE OF BIRTH <i>May 31 - 1953</i>	9. AGE (In years last birthday) <i>2</i> 10. MONTHS 11. DAYS
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Rolla Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>John Jackson</i>	13b. MOTHER'S MAIDEN NAME <i>Bertha Pierce</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give was or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>John Jackson</i>	ADDRESS <i>Duke Mo</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>approx 1 hr</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Sectioned for placenta previa</i>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>774x</i>	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) (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 *Birth to death*, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at *1:30 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>E. E. Fernald</i>	(Degree or title)	23b. ADDRESS <i>Rolla Mo</i>	23c. DATE SIGNED <i>6-5-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 2 - 1953</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hospil Ridge</i>	24d. LOCATION (City, town, or county) (State) <i>Waynesville Mo</i>
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DATE REC'D BY LOCAL REG. <i>June 4, 1953</i>	REGISTRAR'S SIGNATURE <i>Nadine L. Dole</i>	25. TUNING DIRECTOR'S SIGNATURE <i>Earl Johnson</i>	ADDRESS <i>Newburg Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed
Number
6-5-25

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lee Johnson
Licensed Embalmer No. 3392

P. O. Address Newburg Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.