

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20981**

FILED JUL 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **61** PRIMARY REG. DIST. NO. **4107** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY <b>Cedar</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cedar</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>El Dorado Springs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>El Dorado Springs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>307 North Main St.</b>		d. STREET ADDRESS (If rural, give location) <b>307 North Main St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>A</b> c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 30 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>2-11-1885</b>
9. AGE (Years) (Months) (Days) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Wernon County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>John E. Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>America Thompson</b>	
14. NAME OF HUSBAND OR WIFE <b>Deceased</b>		15. WAS DECEASED MEMBER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Elith Vaughn - El Dorado Springs</b> ADDRESS _____	
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 Hemorrhage.</b> INTERVAL BETWEEN ONSET AND DEATH _____ 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>331x</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.			
23a. SIGNATURE <b>M. D. Gwin, Coroner</b> (Degree or title)		23b. ADDRESS <b>El Dorado Springs, Mo.</b>	
23c. DATE SIGNED <b>6-30-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-2-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Martin Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>El Dorado Springs, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Elith Vaughn - El Dorado Springs, Mo.</b> ADDRESS _____	
DATE REC'D BY LOCAL REG. <b>July 2, 1953</b>		REGISTRAR'S SIGNATURE <b>John W. Nafus</b>	

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

0.300  
0.48

201  
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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 Max W. Pickering

Licensed Embalmer No. 4696

P. O. Address O'Donoghue Spring

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.