

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21603**
3073

FILED JUL 9 - 1953

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 32 yrs		e. STREET ADDRESS (If rural, give location) 4140 East 6th Street 3198	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4140 East 6th St.			

3. NAME OF DECEASED (Type or Print) a. (First) CARRIE b. (Middle) MAY c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) 6 16 53		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-20-1869	9. AGE (In years) (Last birthday) 84	10. CITIZENSHIP (If under 1 year) (If under 18 hrs.) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX	11. BIRTHPLACE (City and State or Foreign Country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME M. J. Conrad		13b. MOTHER'S MAIDEN NAME No Record		14. NAME OF HUSBAND OR WIFE Theodore C. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mangold F.H. LaCygne, Kansas	

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		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial sclerotic Heart disease evidence congestive failure DUE TO (c) Generalized Arterial sclerosis with paralytic rigidity and arthritis (rheumatoid)		
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 none		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) 4200	
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 **7-8-1949**, to **6-16-1953**, that I last saw the deceased alive on **6-16-1953**, and that death occurred at **3:20 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Thos. C. McHale MD (Degree or title)		23b. ADDRESS 4620 Indes Ave Kansas Mo	23c. DATE SIGNED 6-17-53
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-18-53	24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery	24d. LOCATION (City, town, or county) (State) Mound City, Kansas

DATE REC'D BY LOCAL REG. 6-17-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner	ADDRESS K. C. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9620
BH 5750
J. J. J.

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.....
Signature of Student Embalmer

Signed *Alvin R. Hauschke*

Licensed Embalmer No. *415*

P. O. Address *K.C. W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.