No. 300
10.48

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22114

BIRTH NO. _____ REG. DIST. NO. 180 PRIMARY REG. DIST. NO. 5673 Registrar's No. 11

0570
1

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

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural; Monroe
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): James Wells Residence; Troy, Mo. R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Monroe Twnshp.
d. STREET ADDRESS (If rural, give location): 0570 0

3. NAME OF DECEASED (Type or Print): a. (First) Isabella b. (Middle) KATHERINE c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 11 1953

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: Aug 4 1861
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 10, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Chas. LaRue
13b. MOTHER'S MAIDEN NAME: KATHERINE SEGRASS
14. NAME OF HUSBAND OR WIFE: James Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: Robert C. Jackson — ADDRESS: 7315 Ahern, U. City, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs.
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: — 4200
20. AUTOPSY? YES ☐ NO ☑

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): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April 19, 1953, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 10:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman K. Muschany M.D.
23b. ADDRESS: Troy, Mo
23c. DATE SIGNED: June 12, 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: JUNE 14-53
24c. NAME OF CEMETERY OR ~~CREMATORY~~: NEW GALILEE
24d. LOCATION (City, town, or county) (State): Lincoln County Mo

DATE REC'D BY LOCAL REG.: 6-17-1953
REGISTRAR'S SIGNATURE: Emma B. Riddle 62
25. FUNERAL DIRECTOR'S SIGNATURE: Wayne McCoy — ADDRESS: Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 31 1959

DEC 30 1959

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address Elsberry 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.