

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

23862

State File No. _____

FILED AUG 4 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>21</u>		PRIMARY REG. DIST. NO. <u>4032</u>		Registrar's No. <u>6</u>			
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates					
b. CITY (If outside corporate limits, write RURAL and give town) Amsterdam		c. LENGTH OF STAY (In this place) 22 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Amsterdam		d. STREET ADDRESS (If rural, give location)			
d. FULL NAME OF HOSPITAL OR INSTITUTION at home				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) Fannie Jackson			4. DATE OF DEATH July 29, 1953						
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 28, 1897			
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months _____ Days _____		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) Richland, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME G.L. Holdren			13b. MOTHER'S MAIDEN NAME Cordelia Labor			14. NAME OF HUSBAND OR WIFE Roy Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Roy Jackson ADDRESS Amsterdam, 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) Disseminated Carcinomatosis (Melanoma) ANTECEDENT CAUSES Melanoma of left forearm removed by chemical cautery about 4 years ago by DUE TO (b) Removal of axillary lymph glands (left) and left breast Oct 1 1952. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 190X				INTERVAL BETWEEN ONSET AND DEATH 6 months	
19a. DATE OF OPERATION Oct 1 1952		19b. MAJOR FINDINGS OF OPERATION Melanoma of glands of left axillary space and sub mammary tissue				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (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 Sept 15 , 19 52 , to July 29 , 19 53 , that I last saw the deceased alive on July 27 , 19 53 , and that death occurred at 9:30 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Paul A. Foster MD (Degree or title)				23b. ADDRESS Drexel, Mo		23c. DATE SIGNED 7 30 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-31-53		24c. NAME OF CEMETERY OR CREMATORY Oakhill cemetery		24d. LOCATION (City, town, or county) (State) Butler Mo.			
DATE REC'D BY LOCAL REG. 7-20-53		REGISTRAR'S SIGNATURE L. E. Tronze		25. FUNERAL DIRECTOR'S SIGNATURE Archer Mangold		ADDRESS Amsterdam, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

70
1

1950

APR 17 1950

DEC 2 1950

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..... *[Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian 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.