

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

24188

State File No.

FILED AUG 12 1953

BIRTH NO. _____ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 4113 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>CHARITON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BRUNSWICK</u>	
c. LENGTH OF STAY (in this place) <u>70 YEARS</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RESIDENCE</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>EDWIN</u>	c. (Last) <u>JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8 1 1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-13-1868</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR	IF UNDER 1 HR.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <u>RETIRED FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMWORKS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CHARITON Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>CAROL JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN GUINN</u>	14. NAME OF HUSBAND OR WIFE <u>LENA ISLE JACKSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If you, give year or dates of service) <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. E. Jackson</u>	ADDRESS <u>Brunswick</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>20 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332 X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from May 8, 1948, to Aug 1, 1953, that I last saw the deceased alive on July 30, 1953, and that death occurred at 1:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. D. Stewart M.D.</u>	23b. ADDRESS <u>Brunswick, Mo</u>	23c. DATE SIGNED <u>8/2/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-3-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KEYTESVILLE MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-10-53</u>	REGISTRAR'S SIGNATURE <u>Mildred Boone</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Meisel</u>	ADDRESS <u>Brunswick Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *L. M. Laeisch*

Licensed Embalmer No. *823*

P. O. Address *Ormsville, 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.