

25465

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1953

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>107</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. LENGTH OF STAY (in this place) <u>1/2 Hr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> <u>0850</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Memo. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Waynesville</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>			b. (Middle) <u>O.</u>		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 17 1925</u>		9. AGE (In years last birthday) <u>27</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Motor Corps</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ft. Leonard Wood Okla. City Okla.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Fred Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian Ebbs</u>		14. NAME OF HUSBAND OR WIFE <u>Doris Popejoy Jackson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. 2</u>		16. SOCIAL SECURITY NO. <u>499-22-0241</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Virgil Jackson Waynesville Mo.</u>			
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) <u>Fractured Skull</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
				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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>14th St on 66.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>053</u> (STATE) <u>LACLEDE MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 11 1953 2:07A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile Accident</u>			
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 <u>2:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hella L. Way - Local Registrar</u>				23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>7-14-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 14 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Roper</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-14-1953</u>		REGISTRAR'S SIGNATURE <u>Hella L. Way</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer</u>		ADDRESS <u>Lebanon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1953

Received

Laclede County Health Unit

File No. 7-53-113

Date Filed JUL 21 1953

MAR 2 1959
AUG-25 1959

MAR 6 1959

JUL 23 1953

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 *J. R. Palmer*

Licensed Embalmer No. 3208

P. O. Address *Chelan 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.