

No. 30-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4353 State File No. 25742

FILED AUG 4 - 1953

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

| | | | | | | | |
|---|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 237 | | PRIMARY REG. DIST. NO. 5220 | | Registrar's No. 71 | |
| 1. PLACE OF DEATH a. COUNTY New Madrid ¹ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon | | c. LENGTH OF STAY (in this place) life | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gideon, Missouri | | 0720 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Home | | | | d. STREET ADDRESS (If rural, give location) 0 | | | |
| 3. NAME OF DECEASED (Type or Print) Arletta | | a. (First) | | b. (Middle) Fern | | c. (Last) Jackson | |
| 4. DATE OF DEATH (Month) (Day) (Year) 7-29-1953 | | 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | |
| 8. DATE OF BIRTH 12-24-1932 | | 9. AGE (In years last birthday) 20 | | 10. MONTHS 7 | | 11. DAYS 5 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Paul Jackson | | 13b. MOTHER'S MAIDEN NAME Marie Henson | | 14. NAME OF HUSBAND OR WIFE Single | | | |
| 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 Marie Hartle (Mother) Gideon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor 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. | | | | INTERVAL BETWEEN ONSET AND DEATH 2 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | |
| 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 June, 1952, to July 29, 1953 that I last saw the deceased alive on 6-15, 1953, and that death occurred at 8:45 pm., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE F. G. Hopkins, M.D. | | | | 23b. ADDRESS Gideon, Mo | | 23c. DATE SIGNED 7/30/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 8-1-1953 | | 24c. NAME OF CEMETERY OR CREMATORY Stanfield | | 24d. LOCATION (City, town, or county) (State) Near Clarkton, Mo. | |
| DATE REC'D BY LOCAL REG. 7-30-53 | | REGISTRAR'S SIGNATURE Mrs. F. G. Hopkins | | 25. FUNERAL DIRECTOR'S SIGNATURE Lloyd Russell, Piggott, Ark | | ADDRESS | |

(Licensed Embalmer's Statement on Reverse Side)

SEP 22 1943

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Lloyd Russell

Licensed Embalmer No. 509- Ark

P. O. Address Piggott, Ark

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.