

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27584

State File No. ....

FILE AUG 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 247

1. PLACE OF DEATH a. COUNTY <u>Kirkville - Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Mo.</u> b. COUNTY <u>Schwitzer</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downing</u>	
c. LENGTH OF STAY (in this place) <u>2 wks.</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Wesley</u>	b. (Middle)	c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 2, 1953</u>
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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>Sept. 25, 1869</u>	9. AGE (In years last birthday) <u>83</u>	10. MONTH <u>10</u>	11. YEAR <u>7</u>	12. HOURS <u>0</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Schwitzer Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Permelia Haley</u>	14. NAME OF HUSBAND OR WIFE <u>Etha - (Deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Jackson</u>	18. ADDRESS <u>Downing, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</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. <u>Cerebral Thrombosis</u> <u>Paroxysmal Nodal</u> <u>Tachycardia</u>		<u>9 days</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 July 16, 1953, to Aug 2, 1953 that I last saw the deceased alive on Aug 2, 1953 and that death occurred at 11:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. T. Rhoads</u> (Degree or title) - 23b. ADDRESS <u>20 Kirkville, 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>Aug 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Camp Ground</u>	24d. LOCATION (City, town, or county) (State) <u>Downing, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-5-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Moore Funeral Home</u>	ADDRESS <u>Downing, 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.....

.....  
working under my personal supervision:

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Neal Payne*.....

Licensed Embalmer No. *2550*.....

P. O. Address *Memphis 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.