

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

27989

State File No.

FILED AUG 24 1953

304
598

Registrar's No. 85

| | | | | | | | | | |
|---|--|--|--|--|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>55</u> | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. <u>85</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Carroll</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carrollton</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN <u>Carrollton</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>609 E. Water Street.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>609 E. Water Street</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> | | | b. (Middle) _____ | | c. (Last) <u>Jackson</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8-11-53</u> | | |
| 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>July 23 1877</u> | | 9. AGE (In years last birthday) <u>76</u> if UNDER 1 YEAR Months <u>02</u> Days <u>18</u> if UNDER 1 HR. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Andrew Jackson</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Allen</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Louisa Stemple Jackson.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Ym. pp. or unknown) (If yes, give year or dates of service) <u>Yes Co.H 1915</u> | | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Jackson (Carrollton 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. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infantile</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>old age</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | | | INTERVAL BETWEEN ONSET AND 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) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>794X</u> | | | | | |
| 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? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from <u>1-5</u> , 19 <u>52</u> to <u>8-11</u> , 19 <u>53</u> that I last saw the deceased alive on <u>8-11</u> , 19 <u>53</u> and that death occurred at <u>8:30</u> p.m. from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> | | | 23b. ADDRESS <u>Carrollton Mo</u> | | | 23c. DATE SIGNED <u>8-12-53</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>8-13-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Carrollton</u> | | NO. <u>3</u> | |
| DATE REC'D BY LOCAL REG. <u>8/16/53</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marshall F. Home (Carrollton Mo.)</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
0171
WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *R. M. Marshall*.....

Licensed Embalmer No. *252*.....

P. O. Address *Carrollton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.