

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28214

State File No.

FILED SEP 15 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SULLIVAN MERAMEC</u>	
c. LENGTH OF STAY (In this place) <u>69yr</u>		d. STREET ADDRESS (If rural, give location) <u>0361</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>NORTHEAST HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPTEMBER 8-1953</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 7 - 1883</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE WORK</u>		11. BIRTHPLACE (State or foreign country) <u>FRANKLIN COUNTY MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WINSLOW SPRINKLE</u>		13b. MOTHER'S MAIDEN NAME <u>MINERVA STAMONS</u>		14. NAME OF HUSBAND OR WIFE <u>WALTER JACKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>WALTER JACKSON</u>	
				ADDRESS <u>SULLIVAN 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>	
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 Nov 20, 1952, to Sept 8, 1953, that I last saw the deceased alive on Sept 7, 1953, and that death occurred at 12:04 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald H. Scott D.O.</u>		23b. ADDRESS <u>Sullivan Mo</u>		23c. DATE SIGNED <u>9-8-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-10-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>SULLIVAN MO.</u>	

DATE REC'D BY LOCAL REG. <u>9-9-53</u>		REGISTRAR'S SIGNATURE <u>Ed Prouty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos P. Shoffer</u>	
				ADDRESS <u>Sullivan Mo</u>	

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

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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 Paul F. Krollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.