THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 36556

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 2 12 PRIMARY REG. DIST. NO. 3044 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 110 W. High

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Miller
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eldon
d. STREET ADDRESS (If rural, give location): 110 W. High

3. NAME OF DECEASED (Type or Print): a. (First) CLAUDE b. (Middle) SWITZER c. (Last) JACKSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 20, 1953

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1882

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railway Conductor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Slater, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James M. Jackson

13b. MOTHER'S MAIDEN NAME: Virginia C. Switzer

14. NAME OF HUSBAND OR WIFE: Kathryn Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 708-14-7488

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. C. S. Jackson Eldon

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) Cerebral Haemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertention c
arteriosclerosis
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

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 331X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____ 19 48 *to* Oct 20, 1953, *that I last saw the deceased alive on* Oct 19, 1953, *and that death occurred at* 3A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E O Shelton M D

23b. ADDRESS:

23c. DATE SIGNED: Oct. 21 '53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 22, 1953

24c. NAME OF CEMETERY OR CREMATORY: Slater (City)

24d. LOCATION (City, town, or county) (State): Slater, Missouri

DATE REC'D BY LOCAL REG.: Oct 21, 53

REGISTRAR'S SIGNATURE: Alvernetta Walt 192 0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Louis W. Phillips Eldon

(Licensed Embalmer's Signature on Reverse Side)

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

MAY 16 1

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 Louis D. Phillips, Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 3663

P. O. Address Eldon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.