

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39572**

FILED NOV 24 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 71

054

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

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville</u>		c. LENGTH OF STAY (In this place) <u>8 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Higginsville, Mo.</u>		054
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print)	a. (First) <u>VICTORIA</u>	b. (Middle) <u>JACKSON</u>	c. (Last) <u>PELOT</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>II 3 53</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>6-29-1867</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Alma, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>W. L. Pelot</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Young Jackson Blackburn</u> ADDRESS		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>One week</u>
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)		
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>Apr 29</u> , 19 <u>53</u> , to <u>Nov 3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Oct 3</u> , 19 <u>53</u> and that death occurred at <u>4:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Mrs. Young Blackburn, M.D.</u> (Degree or Title)			23b. ADDRESS <u>Higginsville, Mo.</u>		23c. DATE SIGNED <u>Nov 7, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-5-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 16-1953</u>	REGISTRAR'S SIGNATURE <u>Clayton D. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Forest J. Becker Higginsville, Mo.</u> ADDRESS		

OCT 24 1955

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

Student Embalmer

Signed Forrest A. Hoyle

Licensed Embalmer No. 4358

P. O. Address Higginsville, 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.