

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42478**

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <b>107</b>   |  | PRIMARY REG. DIST. NO. <b>3019</b>   |  | Registrar's No. <b>153</b>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dunklin</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dunklin</b> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <b>Kennett</b>   |  | c. LENGTH OF STAY (In this place) <b>1 Day</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>  |  | d. STREET ADDRESS (If rural, give location) <b>213 - Randol</b>          |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bresnell Hospital</b>  |  |   |  | d. STREET ADDRESS (If rural, give location) <b>213 - Randol</b>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Michael</b>   |  | b. (Middle) <b>Steven</b>   |  | c. (Last) <b>Jackson</b>   |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>DEC 25-1953</b>           |  |
| 5. SEX <b>M</b>   |  | 6. COLOR OR RACE <b>White</b>   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>   |  | 8. DATE OF BIRTH<br><b>8/26-1953</b>                                     |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>   |  | 11. BIRTHPLACE (State or foreign country) <b>Rockford Illinois</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>                                |  |
| 13a. FATHER'S NAME<br><b>Owen Jackson</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Geneva Lane</b>   |  | 14. NAME OF HUSBAND OR WIFE  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>   |  | 16. SOCIAL SECURITY NO. <b>none</b>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Owen Jackson - Rockford, Ill</b>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia, Lobar</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>48 hrs</b>                        |  |
|   |  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>Malnutrition</b>   |  |  |  |  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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  |  |  |  |
|   |  |   |  | <b>490 X</b>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>5:00 AM, Dec 25, 1953</b> , to <b>9:40 AM, Dec 25, 1953</b> , that I last saw the deceased alive on <b>Dec 25, 1953</b> , and that death occurred at <b>9:40 a.m.</b> , from the causes and on the date stated above. |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <b>James Dingzell M.D.</b>   |  |   |  | 23b. ADDRESS <b>Bresnell Hosp, Kennett, Mo</b>   |  | 23c. DATE SIGNED <b>Dec 28, 1953</b>                                     |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |  | 24b. DATE <b>12/27-1953</b>   |  | 24c. NAME OF CEMETERY OR CREMATORY <b>Oak Ridge</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>Kennett, Mo</b>         |  |
| DATE REC'D BY LOCAL REG. <b>12-28-53</b>  |  | REGISTRAR'S SIGNATURE <b>Carl Husband</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul Salmon</b>  |  | ADDRESS <b>Kennett, Mo</b>   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..... 1-8-54 .....  
COUNTY FILE NUMBER 154-57

---

---

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 \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 2556

P. O. Address Kennett, 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.