

STANDARD CERTIFICATE OF DEATH

State File No. **43717**

FILED JAN 7 1954

BIRTH NO. _____ REG. DIST. NO. **2.39** PRIMARY REG. DIST. NO. **5825** Registrar's No. **218**

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

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) Catron		c. CITY (If outside corporate limits, write RURAL and give township) Catron	
c. LENGTH OF STAY (in this place) 15 yrs		d. STREET ADDRESS (If rural, give location) 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Charley	b. (Middle) Wellington	c. (Last) Jacks	4. DATE OF DEATH (Month) (Day) (Year) Dec. 11 1953
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5. SEX male	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept 25 1804	9. AGE (In years last birthday) 59	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	10b. KIND OF BUSINESS OR INDUSTRY Barton Farms	11. BIRTHPLACE (State or foreign country) Sweetman Miss.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Jacks	13b. MOTHER'S MAIDEN NAME Georgie Hood	14. NAME OF HUSBAND OR WIFE Betty Ethel Jacks
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) World War I	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs Charley Jacks	ADDRESS Catron Mo;
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension Arteriosclerosis DUE TO (c) sin		
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? 443X YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from **Dec 11, 1953**, to **Dec 11, 1953**, that I last saw the deceased alive on **Dec 11, 1953**, and that death occurred at **7:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Orville B. Chandler M.D. (Degree or title)	23b. ADDRESS New Madrid Mo	23c. DATE SIGNED 12/16/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Dec 13 1953	24c. NAME OF CEMETERY OR CREMATORY Violet Cemetery	24d. LOCATION (City, town, or county) (State) Osceola Arkansas
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DATE REC'D BY LOCAL REG. 12/31/53	REGISTRAR'S SIGNATURE Dr. George Husted M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser.	ADDRESS Parma Mo;
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APR 14 1954

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 Walter Mark Withers

Licensed Embalmer No. 477

P. O. Address Dexter 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.