

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2935**
Registrar's No. **0973**

BIRTH NO. **FILED FEB 10 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) (township) 20 days	c. CITY OR TOWN Berkeley City 9
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		• STREET ADDRESS (If rural, give location) 8529 Scudder Berkeley City, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) AROH b. (Middle) ETTA c. (Last) JACKSON		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 31, 1954	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 12/25/1888
9. AGE (in years last birthday) 65		IF UNDER 1 YEAR Months 1 Days 6	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Domestic		10b. KIND OF BUSINESS OR INDUSTRY Pvt. Family	11. BIRTHPLACE (City and State or Foreign Country) New Franklin, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Pryor Jackson	
13b. MOTHER'S MAIDEN NAME Leona Kingsbury		14. NAME OF HUSBAND OR WIFE none	
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.	
17. INFORMANT'S SIGNATURE OR NAME Hattie Davenport, 8529 Scudder Ave.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION Berkeley City, Mo.		INTERVAL BETWEEN ONSET AND DEATH 15 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) Nephrosclerosis		DUE TO (c)		unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 446X

22. I hereby certify that I attended the deceased from **1-7**, 19**54**, to **1-31**, 19**54**, that I last saw the deceased alive on **1-31**, 19**54**, and that death occurred at **8:20a m.**, from the causes and on the date stated above.

23a. SIGNATURE Richard V. Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 1-31-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/2/1954	24c. NAME OF CEMETERY OR CREMATORY Sedalia, Missouri
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 1 1954 J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Arthur L. Hill*.....

Licensed Embalmer No....422

P. O. Address 4107 Finney.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.