

## STANDARD CERTIFICATE OF DEATH

4539

State File No. ....

FILED MAR 1 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 210

1. PLACE OF DEATH a. COUNTY <u>Greene.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Springfield</u> )		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Longhane.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rte 1</u> <span style="float: right;">0 300 / 1</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u>			b. (Middle) <u>Castola</u>		c. (Last) <u>Jackson.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 20 1954</u>
5. SEX <u>7</u> /	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>Sept 16-1903</u>		9. AGE (In years last birthday) <u>50</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>4</u> Hours <u>Min.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>H. Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Perry Morgan.</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Porter</u>		14. NAME OF HUSBAND OR WIFE <u>Roscoe-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roscoe Jackson</u> ADDRESS <u>Longhane, Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>about 12 days</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) _____ (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>331 X</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Subcortical blood clot</u>				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) m.		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>2-16</u> , 19 <u>54</u> , to <u>2-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-17</u> , 19 <u>54</u> , and that death occurred at <u>5:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold P. Johnson, M.D.</u>				23b. ADDRESS <u>220 N. 1st Bldg Springfield, Mo.</u>		23c. DATE SIGNED <u>2-20-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-23 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harmony</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-25-54</u>		REGISTRAR'S SIGNATURE <u>W. J. Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. B. Jones Buffalo Mo</u>			

(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.....

Licensed Embalmer No. 43

P. O. Address Buffalo, N.Y.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.