

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8231**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4188 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Owensville</u>	
c. LENGTH OF STAY (in this place) <u>lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>506 S. Hickory St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 S. Hickory St.</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 S. Hickory St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Arthur Gilbert Jackson</u>	a. (First) <u>Arthur</u>	b. (Middle) <u>Gilbert</u>	c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 24, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 3, 1883</u>	9. AGE (In years) (Months) (Days) <u>70</u>	10. IF UNDER 1 YEAR last birthday	11. IF UNDER 1 YEAR Months	12. IF UNDER 1 YEAR Days	13. IF UNDER 1 YEAR Hours	14. IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teaching (retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Red Bird, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James A. Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Victoria Ellis</u>	14. NAME OF HUSBAND OR WIFE <u>Wynona Smith Jackson</u>
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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>498-22-7336</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. A. G. Jackson</u>	18. ADDRESS <u>Owensville, Mo.</u>
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18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>Acute Coronary Thrombosis</u>		<u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Degeneration</u>		<u>1 yr.</u>
DUE TO (c) <u>Arteriosclerosis, advanced</u>		<u>1 yr.</u>	
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? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 3-24, 1954, to 3-24, 1954, that I last saw the deceased alive on 3-24, 1954, and that death occurred at 6:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Laura Brown, M.D.</u>	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>3-26-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-26-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Owensville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>March 27, 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter H. H. Winter</u>	ADDRESS <u>OWENSVILLE</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Michael N H White

Licensed Embalmer No. 3838

P. O. Address OWEN SUILLIVAN

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.