

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9486

State File No.

FILED APR 15 1954

BIRTH NO. REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LILBOURN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL #1 - BELL CITY 1</u>	
c. LENGTH OF STAY (In this place) <u>4 MONTHS</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ROSIE</u> b. (Middle) <u>—</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>3 COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 15, 1893</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>MISS.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>MARK JONES</u>		13b. MOTHER'S MAIDEN NAME <u>UNIT.</u>		14. NAME OF HUSBAND OR WIFE <u>SANDY JACKSON</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sandy Jackson Bellhoun</u> ADDRESS <u>—</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Now</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>—</u>		DUE TO (c) <u>—</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>0</u>			

19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., to 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 3/27, 1954, to 3/27, 1954, that I last saw the deceased alive on 3/27, 1954, and that death occurred at 11.1 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. H. Robinson M.D.</u> (Degree or title)		23b. ADDRESS <u>Box 203 Lilbourn Mo</u>		23c. DATE SIGNED <u>4/2/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 29, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FANNIE POWELL</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>4-13-54</u>		REGISTRAR'S SIGNATURE <u>H. Z. Borden Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard Lund</u> ADDRESS <u>Box 203 Lilbourn Mo.</u>	
---	--	--	--	--	--

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

0.300
0.48

120

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

Tammy L. Roberts

Licensed Embalmer No.

48868

P. O. Address.....

New Mexico

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.