

FILED APR 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12695**

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>117</b>	
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Marion</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		c. LENGTH OF STAY (In days or weeks) <b>3</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hannibal</b>		<b>0644</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>217 So 4th</b>				d. STREET ADDRESS (If rural, give location) <b>217 So 4th</b>			
3. NAME OF DECEASED a. (First) <b>Luella</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 17 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>4-13-1883</b>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>71</b>		10a. USUAL OCCUPATION (Give kind of work done for part or most of life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and State or Foreign Country) / <b>Adams County, Ill.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>John Lyons</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>John B. Jackson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes) (or unknown) (If yes, state year of service) <b>No</b>		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Elmer Jackson Hannibal, Mo.</b>			
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) <b> died without medical attention - found dead in bed</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Attention - found dead in bed</b> DUE TO (c) <b>had been dead approx 2 days</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <b>7953</b>			
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			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>L. M. O'Donnell</b>				23b. ADDRESS <b>Corner Hannibal Mo</b>		23c. DATE SIGNED <b>4-17-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4-18-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Center, Mo.</b>	
DATE RECD BY LOCAL REG. <b>4-24-54</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Lucke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>By W. C. Fisher</b>		ADDRESS <b>Center, Mo.</b>	

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

189-0 (Licensed Embalmer's Statement on Reverse Side)

APR 28 1958

RECEIVED

MARION CO. HEALTH DEPT

DATE FILED

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Clark

Licensed Embalmer No. 4214

P. O. Address Hammond, Ind

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.