No. 300
10.48

FILED MAY 19 1954

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

State File No. 15076

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5138 Registrar's No. 305

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

**1. PLACE OF DEATH**
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Ash Hill Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SE of Broseley

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Ash Hill~~ Broseley, Mo. Rt. 1
d. STREET ADDRESS (If rural, give location): 6 mi. Southeast Broseley 0120

**3. NAME OF DECEASED** (Type or Print)
a. (First): James
b. (Middle): Alfred
c. (Last): Jackson

**4. DATE OF DEATH** (Month) (Day) (Year): APR. 26, 1954

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): —
**8. DATE OF BIRTH**: 2-1-1943
**9. AGE** (In years last birthday): 11 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): ✓
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (State or foreign country): Missouri, Broseley, Rt. 1
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: James Jackson
**13b. MOTHER'S MAIDEN NAME**: ? Stroud
**14. NAME OF HUSBAND OR WIFE**: —

**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.**: None
**17. INFORMANT'S SIGNATURE OR NAME** / ADDRESS: Goldie Jackson, Broseley, Mo. Rt. 1

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Drowning while in
DUE TO (c): Swimming

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

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INTERVAL BETWEEN ONSET AND DEATH

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Accident
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) 012 (STATE): Ash Hill Twp. Butler Mo
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour): April 26-1954 4:30 p.m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☒
**21f. HOW DID INJURY OCCUR?**: while in swimming

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 430 P. m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Grover D Greer Coroner
**23b. ADDRESS**: Poplar Bluff Mo
**23c. DATE SIGNED**: May 7-54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5-2-54
**24c. NAME OF CEMETERY OR CREMATORY**: Ash Hill
**24d. LOCATION** (City, town, or county) (State): Fisk, Mo.

**DATE REC'D BY LOCAL REG.**: 5/4/54
**REGISTRAR'S SIGNATURE**: R H Minette 489
**25. FUNERAL DIRECTOR'S SIGNATURE** / ADDRESS: Lloyd Russell, Piggott, Ark.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAY 17 1954
BUTLER CO. HEALTH CENTER
FILE No.

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 Leroy J. Tyler

Licensed Embalmer No. 4941 M

P. O. Address Pigott Ark

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.