

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

State File No. **17764**

No. 300
10.48

FILED JUN 14 1954

BIRTH NO. _____ REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **4553** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY WRIGHT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY WRIGHT	
b. CITY OR TOWN MANSFIELD	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN MIN GROVE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION NEUFELD HOSP.		e. STREET ADDRESS (If rural, give location) 520 SO. LAKE	

3. NAME OF DECEASED (Type or Print) a. (First) SANT b. (Middle) JACKSON c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) MAY 25, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH DEC 24, 1886	9. AGE (In years last birthday) 67	If UNDER 1 YEAR: Months 5 Days 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Humberman		11. BIRTHPLACE (City and State or Foreign Country) POEBIDOUX, MO	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME JOHN JACKSON		13b. MOTHER'S MAIDEN NAME SALLIE EDWARDS		14. NAME OF HUSBAND OR WIFE ARTR JACKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. 894-18-0320	17. INFORMANT'S SIGNATURE OR NAME BETA SPARKS		ADDRESS MIN GROVE	

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, ashenia, 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) Cerebral Apoplexy		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		1 week.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis & Hypertension					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334X		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) (Min)	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 May 21, 1954, **to** May 25, 1954, **that I last saw the deceased alive on** May 25, 1954, **and that death occurred at** 11:30A m., **from the causes and on the date stated above.**

23a. SIGNATURE Richard E. Mitchell (Degree or title) 2		23b. ADDRESS 17th Ave, Mo.		23c. DATE SIGNED 5-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 28, 1954	24c. NAME OF CEMETERY OR CREMATORY HILLCREST	24d. LOCATION (City, town, or county) MIN GROVE, MO	(State)	
DATE REC'D BY LOCAL REG. 6/1/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS MIN GROVE, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 654-61
Date Filed JUN 12 1954

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 Frank Seable

Licensed Embalmer No. 414

P. O. Address Watu, Ga

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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