

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DUNCAN 18759  
State File No. ....

FILED JUL 13 1954

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>142</u>		PRIMARY REG. DIST. NO. <u>1386</u>		Registrar's No. <u>27</u>		
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Howell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Min. View</u>		c. LENGTH OF STAY (if this place) <u>14 YRS</u>		c. CITY OR TOWN <u>Min. View</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Name</u>				e. STREET ADDRESS (If rural, give location) <u>R # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>CAMERON</u> c. (Last) <u>Jackett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 27-1954</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>Oct 26-1878</u>		
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Dealer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State of Foreign Country) <u>Giltner, Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>George Jackett</u>			13b. MOTHER'S MAIDEN NAME <u>MARY CAMERON</u>			14. NAME OF HUSBAND OR WIFE <u>MURTIE JACKETT</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
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.								
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u>								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Over exertion</u>								
DUE TO (c)								
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 <u>4201</u>						
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <u>6/27</u> , 19 <u>54</u> , to <u>6/37</u> , 19 <u>54</u> that I last saw the deceased <u>alive on</u> <u>19</u> , and that death occurred at <u>4 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Doc. Adolpheus Cameron</u>				23b. ADDRESS <u>Mo.</u>		23c. DATE SIGNED <u>6/28-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. View, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-9-54</u>		REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>DUNCAN, Mt. View, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14

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 *John J. Lincum*

Licensed Embalmer No. 2519

P. O. Address *McKee St*

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.