

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19452
Registrar's No. 67

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, write RURAL and give town) Warrensburg
c. LENGTH OF STAY (in this place) 18 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelstior Springs, R.R. #1
d. STREET ADDRESS (If rural, give location) R.R. #1

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) THOMAS c. (Last) JACKSON

4. DATE OF DEATH June 17th, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 22, 1895

9. AGE (in years) 59
if under 1 year: Months _____ Days _____
if under 12 mos: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Johnson Co. Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Henry Jackson

13b. MOTHER'S MAIDEN NAME Rosella Henson

14. NAME OF HUSBAND OR WIFE Gladys Lena Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gladys Jackson, Excelstior Springs, Mo.

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) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 18 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-16-1954 to 6-17-1954, that I last saw the deceased alive on 6-17-1954, and that death occurred at 7:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ch Johnson M.D.

23b. ADDRESS Warrensburg, Missouri

23c. DATE SIGNED 6-17-1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-19-1954

24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery,

24d. LOCATION (City, town, or county) (State) Excelstior Springs, Missouri

DATE REC'D BY LOCAL REG. June 17, 1954

REGISTRAR'S SIGNATURE Savannah Prichard

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Prichard Funeral Home, Excelstior Springs,

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

RECEIVED
JUN 21 1954
JOHNSON COUNTY HEALTH DEPT.

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *Ralph E Van Landingham*

Signed.....
Student Embalmer

Licensed Embalmer No. *4009*

P. O. Address *Effelsie Springs*

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.