

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27876

FILED SEP 3 1954

State File No. ....

BIRTH NO. .... REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 344

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>19 years</b>		e. STREET ADDRESS (If rural, give location) <b>1026 West Maple</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Independence Sanitarium</b>		7000	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Floyd</b>		b. (Middle) <b>JACKSON</b>	
c. (Last) <b>JACKSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 23 1954</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 3, 1886</b>
9. AGE (in years last birthday) <b>67</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Guard</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Corp.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Nedum Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Drumwright</b>	
14. NAME OF HUSBAND OR WIFE <b>Nellie Jackson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>487-05-4726</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Nellie Jackson</b> ADDRESS <b>1026 W. Maple, Indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>dropsy</b> INTERVAL BETWEEN ONSET AND DEATH <b>approx 6 wks</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>valvular heart disease</b> <b>unknown</b> DUE TO (c) <b>Hypertension</b> <b>unknown</b> 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4214	
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)	
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>8/15</u> , 1954, to <u>8/23</u> , 1954, that I last saw the deceased alive on <u>8/22</u> , 1954, and that death occurred at <u>1:28</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Herewith a Mangel M.D.</b>		23b. ADDRESS <b>11717 East 23rd, Independence</b>	
23c. DATE SIGNED <b>8/23/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>Aug. 25, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Geo. C. Carson</b> ADDRESS <b>Geo. C. Carson Funeral Home, Indep. Mo.</b>	
DATE RECD BY LOCAL REG. <b>8-25-54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>	

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

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

*Harold E. Woodruff*

Licensed Embalmer No. 460

P. O. Address

*Indeja*

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.