

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28598

State File No.

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 5999 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Center Township)</u>		c. CITY OR TOWN <u>R.F.D. Center, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) <u>Rural (Center Township)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Center, Mo. R.F.D.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Banks</u> c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct 27, 1880</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>6</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Andrew Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Kate Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Jackson, Hannibal, Missouri.</u>	ADDRESS
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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) <u>Fractured skull</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Accidentally killed while driving tractor on his farm North east of Center, Missouri.</u> DUE TO (c) <u> </u>		INTERVAL BETWEEN ONSET AND DEATH:
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9121 3</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident.</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Center Township Ralls Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 3, 1954</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell off tractor while working.</u>
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22. I hereby certify that I attended the deceased from No Medical Attention., 19 , that I last saw the deceased alive on , 19 , and that death occurred at 11:00 Am., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Clydel Wilkey</u> Coroner <u>3</u>	23b. ADDRESS <u>Perry, Mo. Ralls County</u>	23c. DATE SIGNED <u>9-6-1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-7-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Center, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>-7-1954</u>	REGISTRAR'S SIGNATURE <u>Clydel Wilkey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clydel Wilkey</u>	ADDRESS <u>Perry, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

0870
33

0870

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 *Olyse Wilkey*.....

Licensed Embalmer No.3820

P. O. AddressPerry, Miss

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.