

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter</b>		10310	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If rural, give location) <b>1202 Page Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Grindstaff</b> c. (Last) <b>Jackson</b>			4. DATE OF DEATH Aug. 29, 1954 (Month) (Day) (Year)		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Oct. 2, 1875</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR: Days <b>8</b> Hours <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired House-keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Barren County, Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>					

13a. FATHER'S NAME <b>Nicholas Grindstaff</b>		13b. MOTHER'S MAIDEN NAME <b>Isa Vaughn</b>		14. NAME OF HUSBAND OR WIFE <b>Thomas F. Jackson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lola Cook, Dexter, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of esophary</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. --- DUE TO (b) <b>Joseph Klumbe</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 <b>1 year</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 **January, 1954**, to **Aug 29, 1954**, that I last saw the deceased alive on **Aug 29, 1954**, and that death occurred at **8:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. H. Harold A. Roe M.D.</b>		23b. ADDRESS <b>Dexter, Mo.</b>		23c. DATE SIGNED <b>9/3/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-1-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Dexter</b>	
24d. LOCATION (City, town, or county) (State) <b>Dexter, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>9-2-54</b>		REGISTRAR'S SIGNATURE <b>Valma V. Jenkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Strickland-Rainey Dexter, Mo.</b>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

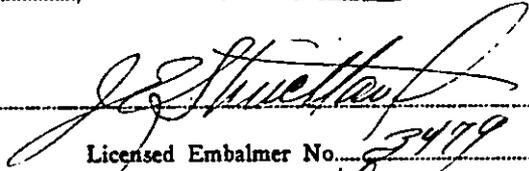
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 3479

P. O. Address Healy, Mo.

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.