No. 300
10.48

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

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31559

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 292

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Francois
c. CITY OR TOWN Doe Run
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location) 0940 1

3. NAME OF DECEASED (Type or Print)
a. (First) Norman b. (Middle) Andrew c. (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) Sept 23 1954

5. SEX male

6. COLOR OR RACE white

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

8. DATE OF BIRTH Feb 22 1887

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 Days 1 IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.

11. BIRTHPLACE (City and State or Foreign Country) Mine La Motte, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Jackson

13b. MOTHER'S MAIDEN NAME Lydia Jackson

14. NAME OF HUSBAND OR WIFE Lydia Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 493-03-9540

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Norman Jackson Doe Run 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Auricular Fibrillation — 10 days +

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 10 + days

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION —

4331

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) m.

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* Sept 13, 1954, *to* Sept 23, 1954, *that I last saw the deceased alive on* Sept 22, 1954, *and that death occurred at* 1032 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Alvan G Karraker (Degree or title) M. D.

23b. ADDRESS 301 W. Liberty, Farmington, Mo

23c. DATE SIGNED SEP 25 1954

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

24b. DATE Sept 26 1954

24c. NAME OF CEMETERY OR CREMATORY Doe Run Cemetery

24d. LOCATION (City, town, or county) (State) Doe Run Mo

DATE REC'D BY LOCAL REG. Sept. 25, 1954

REGISTRAR'S SIGNATURE Esther Rudloff 289-4

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H Cozean Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....C. H. Cozean.....

Licensed Embalmer No. 408

P. O. Address Farmington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.