

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34974

FILED OCT 18 1954

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 795 PRIMARY REG. DIST. NO. 6015 Registrar's No. 90

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Rural Salt Springs</u> c. LENGTH OF STAY (in this place) <u>93 months</u>		c. CITY OR TOWN <u>Rural</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>		f. STREET ADDRESS (If rural, give location) <u>Rural -</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>- ALEXANDER</u> c. (Last) <u>- JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 - 54</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>April 13 - 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</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 work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Margnette Holtzman</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hazel Ruth Higbee</u>	ADDRESS <u>MO R-1</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>year</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		
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"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Sept 1, 1924, to Oct 14, 1954, that I last saw the deceased alive on Oct 13, 1954, and that death occurred at 7:12A m., from the causes and on the dates stated above.

23a. SIGNATURE (Name or title) <u>Maris C. Epley, D.O.</u>	23b. ADDRESS <u>Hennsville, MO</u>	23c. DATE SIGNED <u>10-15-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 16 - 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Toy Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>50 of Higbee MO</u>
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DATE REC'D BY LOCAL REG. <u>10-15-54</u>	REGISTRAR'S SIGNATURE <u>Mary H. Beutley</u>	432	25. FUNERAL DIRECTOR'S SIGNATURE <u>H-S. Roberson</u>	ADDRESS <u>Higbee MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *H S P Johnson*

Licensed Embalmer No. *300*

P. O. Address *Higbee*

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.