

FILED NOV 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36950**

| | | | | | | | |
|--|-------------------------------|---|---|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>101</u> | | PRIMARY REG. DIST. NO. <u>4173</u> | | Registrar's No. <u>47</u> | |
| 1. PLACE OF DEATH a. COUNTY Douglas | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN Ava | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | No. STREET ADDRESS (If rural, give location) 0340 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mina b. (Middle) Florence c. (Last) Jackson | | | 4. DATE OF DEATH (Month) (Day) (Year) Oct. 11, 1954 | | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | 8. DATE OF BIRTH 10 29 92 | | 9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Own home | | 11. BIRTHPLACE (City and State or Foreign Country) Cabool, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME S. S. Thompson | | 13b. MOTHER'S MAIDEN NAME Florence Parmenter | | 14. NAME OF HUSBAND OR WIFE Loren D. Jackson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Onley Jackson, Ava, Missouri | | | |
| 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) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Coronary Heart Disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myo Carditis | | | | INTERVAL BETWEEN ONSET AND DEATH 2 15 yrs | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8: A. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) M. C. Denton M.D. | | | | 23b. ADDRESS Ava Mo | | 23c. DATE SIGNED 10-5-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10 14 54 | 24c. NAME OF CEMETERY OR CREMATORY Ava | | 24d. LOCATION (City, town, or county) (State) Ava, Missouri | | |
| DATE REC'D BY LOCAL REG. 11-10-54 | | REGISTRAR'S SIGNATURE Wesley Bushman 84-0 | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clinkingbeard Funeral Home, Ava, Mo. | | | |

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 *Lyle C. Claitor*.....

Licensed Embalmer No... 407

P. O. Address *Beaumont, Tex.*

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.