

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

865

BIRTH NO. <u>1378-55</u>		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>49-A</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Mt. View</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Route #1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jill</u>			b. (Middle)		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 15, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>January 14, 1955</u>		9. AGE (In years last birthday) Months Days	10. HOURS MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Maurice Joseph Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Maxine Mae Nuttle</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Burge Hospital</u>		ADDRESS		
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 <u>Prematurity</u>				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				ANTECEDENT CAUSES				
DUE TO (b)				DUE TO (c)				
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"/>		776 X						
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 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 <u>1-14</u> , 19 <u>55</u> , to <u>1-15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-15, 1955</u> , and that death occurred at <u>5:20p</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Name or title) <u>Paul Burge M.D.</u>				23b. ADDRESS <u>Professional Bldg. Springfield, Missouri</u>		23c. DATE SIGNED <u>2/8/55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1/15/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freeport</u>		24d. LOCATION (City, town, or county) (State) <u>Mt. View, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-11-55</u>		REGISTRAR'S SIGNATURE <u>Wm. Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>General Funeral Home Mt. View Mo</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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 *John J. Aune*, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Aune*

Licensed Embalmer No. *25-1*
P. O. Address *W. Va. 4*

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.