

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

State File No. **9190**

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6015** Registrar's No. **123**

1. PLACE OF DEATH a. COUNTY Randolph 4		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Salt Spring Twp.		c. LENGTH OF STAY (In this place) 5 months	c. CITY OR TOWN Rural-Salt Spring Twp.
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Home		STREET ADDRESS (If rural, give location) near Huntsville	

3. NAME OF DECEASED (Type or Print) a. (First) Rockwell (Rocky) b. (Middle) Alexander c. (Last) Jackson			4. DATE OF DEATH (Month) (Day) (Year) March 31, 1955		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 1874 October 12, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and State or Foreign Country) Randolph County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alexander Dameron Jackson		13b. MOTHER'S MAIDEN NAME Pemelia Minor		14. NAME OF HUSBAND OR WIFE Eula Lee Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Beauchamp: R.R.: Huntsville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc., means the direct injury or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 min 15 year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease DUE TO (c) none		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none	

21a. ACCIDENT (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Huntsville Mo	
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 **May 1940** to **March 25, 1955**, that I last saw the deceased alive on **Mar 25, 1955**, and that death occurred at **7:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. V. Deyer M.D.		23b. ADDRESS Huntsville Mo		23c. DATE SIGNED 4/1/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE April 2, 1955		24c. NAME OF CEMETERY OR CREMATORY Huntsville Cemetery	
24d. LOCATION (City, town, or county) (State) Huntsville, Missouri					

DATE REC'D BY LOCAL REG. April 1-1955		REGISTRAR'S SIGNATURE Mary A. Bentley		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Tom B. Patton Huntsville	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

Cause by self
suicide
no autopsy

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Tom B. Patton*.....

Licensed Embalmer No. *391*.....

P. O. Address *Hunter*.....

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.