

FILED APR 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10732**
Registrar's No. **20**

BIRTH NO. _____ REG. DIST. NO. **377** PRIMARY REG. DIST. NO. **6165**

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Hurley		c. LENGTH OF STAY (in this place) 2 Years	c. CITY OR TOWN Hurley, Box 126
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Box 126		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) "Rural" Hurley	

3. NAME OF DECEASED (Type or Print) a. (First) EVERETT b. (Middle) DUAIN c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 27, 1940	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (student)		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and State or Foreign Country) Hurley, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Wade Evert Jackson	13b. MOTHER'S MAIDEN NAME Lillie Marie Langley	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Wade E. Jackson, Hurley, Mo.	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Immediate
	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) _____ 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"/>
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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) Hurley, Stone, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Feb**, 1955, to **Feb**, 1955, that I last saw the deceased alive on **27 Feb**, 1955, and that death occurred at **6:00p** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Karl J. Leidinger, Jr. M.D.	23b. ADDRESS Republic, Mo.	23c. DATE SIGNED 2-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 2, '55	24c. NAME OF CEMETERY OR CREMATORY Short Cemetery	24d. LOCATION (City, town, or county) (State) Hurley, Missouri
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DATE REC'D BY LOCAL REG. March 12-55	REGISTRAR'S SIGNATURE Miss J. Elmer Bussan	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

0 40 1

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.....
John Alan Harris

Licensed Embalmer No. *4390*

P. O. Address *Cleveland, Mo.*

**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.**