

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **64** PRIMARY REG. DIST. NO. **5243** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Chauton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution). a. STATE Missouri b. COUNTY Chauton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Chauton township	c. LENGTH OF STAY, (In this place) 23 yrs	c. CITY OR TOWN Forest Green	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 10 mi. n.w. of Glasgow		f. STREET ADDRESS (If rural, give location) 5 mi. n.w. of Forest Green Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Cornelia b. (Middle) SWAIN c. (Last) JACKSON	4. DATE OF DEATH (Month) (Day) (Year) Apr. 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State, or Foreign Country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Jacob Swain	13b. MOTHER'S MAIDEN NAME Mary Furgess	14. NAME OF HUSBAND OR WIFE John F. Jackson (dec.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OF NAME Kenneth Jackson	ADDRESS Forest Green Mo.
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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, asthensia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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) Forest Green Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 **Feb. 1951**, to **April 6, 1955**, that I last saw the deceased alive on **March 12, 1955**, and that death occurred at **2:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. L. Houbert	(Degree or title)	23b. ADDRESS 802 Glasgow Missouri	23c. DATE SIGNED 4-11-55
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24a. FUNERAL, CREMATION, REMOVAL (Specify) Funeral	24b. DATE Apr. 9, 1955	24c. NAME OF CEMETERY OR CREMATORY Washington	24d. LOCATION (City, town, or county) (State) Glasgow Mo.
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DATE REC'D BY LOCAL REG. 4/13/55	REGISTRAR'S SIGNATURE [Signature]	55	FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 0 Ludlowe, Triumoth Glasgow, Mo.
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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 *W. L. Freeman*.....

Licensed Embalmer No. *397*.....

P. O. Address *Glasgow,*.....

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.