

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 17 1955

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Granby</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Granby</u>	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 <u>Kimbrough Rest Home</u>		e. STREET ADDRESS (If rural, give location) <u>0730</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>John</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Jackson</u>	(Month) <u>4</u>	(Day) <u>13</u>	(Year) <u>55</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>3-22-1938</u>	9. AGE (In years last birthday) <u>17</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Newspaper</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Liberal Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Henry Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Lacy</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Anna Lacy Butcher</u>		ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary paralysis during status epilepticus</u>		DUE TO (b) <u>Spastic cerebral diplegia</u>				<u>17 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Cerebral agenesis of unknown cause</u>				<u>17 yrs</u>	
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 <u>7531</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 April 1, 1955, to April 11, 1955, that I last saw the deceased alive on April 11, 1955, and that death occurred at 2:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles O. Chesty 2 D.O.</u>		23b. ADDRESS <u>Granby, Mo.</u>		23c. DATE SIGNED <u>4/16/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-17-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOF Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Newton, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Apr. 22, 55</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. E. Stoumbeck</u>	ADDRESS <u>Granby, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Miss. Health Officer No. _____

District _____

Date _____

NEWTON COUNTY HEALTH UNIT

555-83

3-16-55

NEOSHO, MISSOURI

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by _____, Student Embalmer No. _____

working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed *Floyd E. Skewmabe*

Licensed Embalmer No. 492

P. O. Address *Box 58 Granby*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.