No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1955

State File No. 19401

BIRTH NO. _____ REG. DIST. NO. 20 PRIMARY REG. DIST. NO. 5725 Registrar's No. 146

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural- Hudson Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Still-Hildreth Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright
c. CITY OR TOWN: Norwood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Main St. 1140 1

3. NAME OF DECEASED (Type or Print)
a. (First): Harve
b. (Middle): C.
c. (Last): Jackson

4. DATE OF DEATH (Month): 6 (Day): 13 (Year): 1955

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown 4

8. DATE OF BIRTH: 7-25-1884

9. AGE (In years last birthday): 70 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Salesman

11. BIRTHPLACE (City and State or Foreign Country): Norwood, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Mike Jackson

13b. MOTHER'S MAIDEN NAME: Mary E. Ball

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Clifford Jackson
ADDRESS: Mt. Grove, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Decompensated Cor Pulmonale

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obliteration of Pleural Spaces by Old Adhesions
DUE TO (c) Cerebral Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 334X

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 5, 1955, *to* June 13, 1955, *that I last saw the deceased alive on* June 13, 1955, *and that death occurred at* 8:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. A. Moreau, D.O.

23b. ADDRESS: Macon Missouri

23c. DATE SIGNED: 6/13/1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/15/1955

24c. NAME OF CEMETERY OR CREMATORY: Thomas Cem.

24d. LOCATION (City, town, or county) (State): Norwood Mo.

DATE REC'D BY LOCAL REG.: 7/8/55

REGISTRAR'S SIGNATURE: Mack McNeely 185

FUNERAL DIRECTOR'S SIGNATURE: R. Leslie Bram

ADDRESS: Macon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7.11.55
MACON COUNTY-HEALTH DEPARTMENT
County File No. 7.55.110
Date Filed 7.13.55

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 R. Leslie Bram

Licensed Embalmer No. 44

P. O. Address Macon

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.