

FILED AUG 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7 State File No. **21447**

BIRTH NO. _____ REG. DIST. NO. **59** PRIMARY REG. DIST. NO. **4098** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write FULL and give township) Harrisonville		c. CITY OR TOWN Harrisonville	
c. LENGTH OF STAY (In this place) 1 yr		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 Memorial Hospital			
e. STREET ADDRESS (If rural, give location) 103 W. Wall St 01910			

3. NAME OF DECEASED (Type or Print) LUCK	a. (First)	b. (Middle) A.	c. (Last) JACKSON	4. DATE OF DEATH (Month) (Day) (Year) Aug. 4 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 Mar 4 1872	9. AGE (In years last birthday) (Month) (Day) (Hours) (Min.) 83
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State of Birth Country) Loring City Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Lyman Church	13b. MOTHER'S MAIDEN NAME Maria Gundy	13c. NAME OF HUSBAND (OR) WIFE Edward S. Jackson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. John V. Caperton	ADDRESS Harrisonville 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder		INTERVAL BETWEEN ONSET AND DEATH 3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) with generalized metastasis		
	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 181X	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)
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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 **May**, 1952, to **Aug 4**, 1955, that I last saw the deceased alive on **8-4**, 1955, and that death occurred at **3 P. m.**, from the causes and on the date stated above.

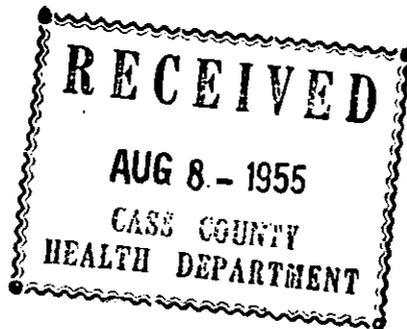
23a. SIGNATURE Edward S. Jones	(Degree or title)	23b. ADDRESS Harrisonville, Mo	23c. DATE SIGNED 8-5-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 6-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Harrisonville Mo
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DATE REC'D BY LOCAL REG. August 6, 1955	REGISTRAR'S SIGNATURE Dora Barua	4572	PUNERAL DIRECTOR'S SIGNATURE R. Runnenbeyer	ADDRESS Harrisonville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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.....

James B. Phillips

Licensed Embalmer No. 469

P. O. Address *Harrison*

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.