

FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21497**

BIRTH NO. _____ REG. DIST. NO. **69** PRIMARY REG. DIST. NO. **5270** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Lincoln		c. LENGTH OF STAY (in this place) 15 Yrs.	c. CITY OR TOWN Billings, Rt.1
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence, Rt.1, Billings		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" Lincoln Twsp.		0220	

3. NAME OF DECEASED (Type or Print) WILLIAM RIKEY JACKSON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) July 26, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 9, 1884	9. AGE (In years last birthday) 71	# UNDER 1 YEAR Days 4	# UNDER 1 YEAR Months 17	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (City and State or Foreign Country) Republic, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John S. C. Jackson	13b. MOTHER'S MAIDEN NAME Nancy Jane Liles	14. NAME OF HUSBAND OR WIFE Zela Catherine Crum
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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. Zela C. Jackson, Rt.1 Billings	ADDRESS 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive pneumonia		
	DUE TO (c) asthma		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X			

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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **7-20, 1955**, to **7-26, 1955**, that I last saw the deceased alive on **7-26, 1955**, and that death occurred at **6:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.C. Mitchell M.D.	23b. ADDRESS Republic, Mo	23c. DATE SIGNED July 28, 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 29, 1955	24c. NAME OF CEMETERY OR CREMATORY Wade Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Republic, Missouri
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DATE REC'D BY LOCAL REG. July 29, 1955	REGISTRAR'S SIGNATURE Oliver Hutter 508	25. FUNERAL DIRECTOR'S SIGNATURE John Dean Harris	ADDRESS Clever, 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 *John Dean Harris*.....

Licensed Embalmer No. *4390*.....

P. O. Address *Cleveland, Y*.....

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.