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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Nov
State File No. 33036
1955 44
Registrar's No.

FILED NOV 7 1955

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 3367

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sisson Twp		c. LENGTH OF STAY (in this place) 26 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" Sisson Twp		d. STREET ADDRESS (If rural, give location) West Plains, Mo., Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) TRUMAN c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) Oct. 29, 1955		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Sept. 22, 1882		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min.	
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 (State or foreign country) Wabash, Indiana	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Winfield Scott Jackson		13b. MOTHER'S MAIDEN NAME Salina Webber		14. NAME OF HUSBAND OR WIFE Emma Davis 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 ADDRESS Mrs. Harry T. Jackson, W. Plains, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE INTERVAL BETWEEN ONSET AND DEATH 30 MIN. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION, ESSENTIAL YEARS DUE TO (c) PREVIOUS CVA'S II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SEXUALITY 331X ARTHRITIS	
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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, 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 **2-17**, 19**54**, to **10-29**, 19**55**, that I last saw the deceased alive on **10-20**, 19**55**, and that death occurred at **10:15** p.m., from the causes and on the date stated above.

23a. SIGNATURE Jack N. Wiley, M.D.		(Degree or title)		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 10-31-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Nov. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Mackey Cemetery		24d. LOCATION (City, town, or county) (State) Pomona, Missouri	
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DATE REC'D BY LOCAL REG. 11-3-1955		REGISTRAR'S SIGNATURE Laura M. [Signature]		FUNERAL DIRECTOR'S SIGNATURE Hal Thourough		ADDRESS Plains, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0460

NOV 8 1951

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, ~~as by~~

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Hal Rouben

Licensed Embalmer No. 3408

P. O. Address *W. Plains, N.J.*

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 this body is not embalmed, fact should be so stated above.