

BIRTH NO. 67473-55 REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 158

1. PLACE OF DEATH a. COUNTY <u>Bernice</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bernice</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Steele</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hosp</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0 10 0</u>	
e. STREET ADDRESS (If rural, give location) <u>Route 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-4-55</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-2-55</u>	9. AGE (In years last birthday) <u>0</u> <u>3</u> <u>2</u>	IF UNDER 1 YEAR: Months <u>2</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Steele Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u> Eugene Jackson </u>		13b. MOTHER'S MAIDEN NAME <u> Ozell Campbell </u>		14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>0454</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u> Eugene Jackson Steele Rt 2 </u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u> Acute Bacillary Dysentery and Terminal Bronchial Pneumonia </u>		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) <u>-</u> DUE TO (c) <u>-</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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u> Steele Bernice Mo </u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2 1955, to 10-4, 1955, that I last saw the deceased alive on 10-4, 1955, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u> J. H. Germon, M.D. </u>	23b. ADDRESS <u> Steele, Mo </u>	23c. DATE SIGNED <u> 10-7-55 </u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u> Burial </u>	24b. DATE <u> 10-6-55 </u>	24c. NAME OF CEMETERY OR CREMATORY <u> Mt Zion </u>
24d. LOCATION (City, town, or county) (State) <u> Steele Mo </u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u> Germon M.D. Co. Steele Mo </u>	
DATE REC'D BY LOCAL REG. <u> 10-12-55 </u>	REGISTRAR'S SIGNATURE <u> John H. Germon 406- </u>	

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

10-287-55

OCT 22 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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 H. German*.....

Licensed Embalmer No. *439*

P. O. Address *Hayti, Mo.*

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.