

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36023  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1278

1. PLACE OF DEATH a. COUNTY <u>Buckanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>6 Hours</u>	c. CITY OR TOWN <u>BARNARD</u>	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 <u>Missouri Methodist Hospital</u>		f. STREET ADDRESS (If rural, give location) <u>0740</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Sanford</u> c. (Last) <u>JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 4-1955</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 12-1880</u>	9. AGE (In years last birthday) <u>75</u> 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) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Salem, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William JACKSON</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY BARNET</u>	14. NAME OF HUSBAND OR WIFE <u>Lillie JACKSON</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Lillie Jackson Barnard mo</u>

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)  <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>  <u>unknown</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>		

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 12/3/1955, to 12/4, 1955, that I last saw the deceased alive on 12/3/1955, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Allen Interman</u>	23b. ADDRESS <u>M. D. 706 Francis, St. Joseph, Mo.</u>	23c. DATE SIGNED <u>12/5/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 5, 1955</u>	REGISTRAR'S SIGNATURE <u>Rother M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAUNNAH Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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pt 5 -  
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**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..... *E. C. Breit* .....

Licensed Embalmer No. *265*

P. O. Address *Sacramento*

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.