

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40008**

BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **88**

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

3. NAME OF DECEASED (Type or Print) Neah	a. (First) Neah	b. (Middle) Carvin	c. (Last) JACKSON.	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 55.
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5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 28. 1873	9. AGE (In years last birthday) 81	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 4 HRS. Hours _____ 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 Self.	11. BIRTHPLACE (City and State or Foreign Country) Clinton County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rufus Jackson	13b. MOTHER'S MAIDEN NAME DAMARIS DIXON	14. NAME OF HUSBAND OR WIFE Edna 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. ✓	17. INFORMANT'S SIGNATURE OR NAME Ma Edna Jackson	ADDRESS Cameron
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		2 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized & cerebral arteriosclerosis		10 yrs
DUE TO (c) Diabetes mellitus		10 yrs	
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 331x	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 **1946**, 19____, to **12-9**, 19**55** that I last saw the deceased alive on **12-9**, 19**55** and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. D. Kimes	(Degree or title) MD	23b. ADDRESS Cameron, Mo	23c. DATE SIGNED 12-9 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-11-55	24c. NAME OF CEMETERY OR CREMATORY Grace Land Cemetery	24d. LOCATION (City, town, or county) (State) CAMERON MO.
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DATE REC'D BY LOCAL REG. 12-12-55	REGISTRAR'S SIGNATURE Winifred W. Moyer	390-0	25. FUNERAL DIRECTOR'S SIGNATURE Robert F. Robert	ADDRESS Cameron Missouri
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 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, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *Robert F. Poland*

Licensed Embalmer No. *47*

P. O. Address *222 West
Cameron*

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.