

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40058**

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **132**

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	c. LENGTH OF STAY (In this place) 1 WK	c. CITY OR TOWN BOONVILLE	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 ST. JOSEPH HOSPITAL		e. STREET ADDRESS (If rural, give location) 805-WATER ST 0270	

3. NAME OF DECEASED (Type or Print) VIRGIL		a. (First)	b. (Middle) -	c. (Last) JACKSON	4. DATE OF DEATH DEC 16 55		(Month)	(Day)	(Year)
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE 22 1900		9. AGE (In years last birthday) 55	If UNDER 1 YEAR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) BOONVILLE MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME ROBERT JACKSON	13b. MOTHER'S MAIDEN NAME LUCY BANKS	14. NAME OF HUSBAND OR WIFE MILLIE JACKSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ?	16. SOCIAL SECURITY NO. ?	17. INFORMANT'S SIGNATURE OR NAME MILLIE JACKSON ADDRESS 805 WATER

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 15 days
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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Acute Glomerular nephritis	ANTECEDENT CAUSES with uremic state	
	DUE TO (b)	DUE TO (c)	
	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)	
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?	

22. I hereby certify that I attended the deceased from **Dec 2 1955**, to **Dec 16 1955**, that I last saw the deceased alive on **Dec 17 1955**, and that death occurred at **12 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE **M. L. DeGraaf MD** (Degree or title) 23b. ADDRESS **Boonville Mo** 23c. DATE SIGNED **12/17/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **DEC-20 55** 24c. NAME OF CEMETERY OR CREMATORY **CITY CEMETERY** 24d. LOCATION (City, town, or county) (State) **BOONVILLE MO**

DATE REC'D BY LOCAL REG. **12/17/55** REGISTRAR'S SIGNATURE **D. Hooper 3810** 25. FUNERAL DIRECTOR'S SIGNATURE **MAY-PARTER** ADDRESS **814 SPURTER**

(Licensed Embalmer's Statement on Reverse Side)

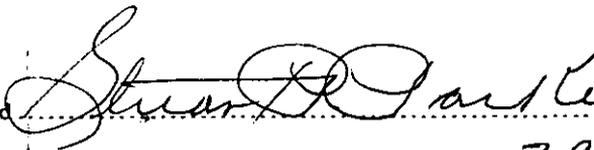
Boonville Mo.

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 

Licensed Embalmer No. 29

P. O. Address Columb

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.