

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40116**

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Deublin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Deublin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>S. Beckwith</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>S. Beckwith</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>R.</u> b. (Middle) <u>C.</u> c. (Last) <u>JACKSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 4 1955</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>BLACK</u>	7. MARRIED, NEVER MARRIED, F. WIDOWED, DIVORCED (Specify) <u>N. MARRIED</u>	8. DATE OF BIRTH <u>NOV, 23, 1919</u>
9. AGE (In years last birthday) <u>35</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Department Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>PLUMERVILLE, ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HENRY JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>LUCY COX</u>	
14. NAME OF HUSBAND OR WIFE _____			
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>431-42-2262</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emma Moten</u>		ADDRESS <u>2054 Beckwith</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Tuberculosis of Lymph Nodes and Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Leukaemia</u> <u>4 yrs.</u> DUE TO (c) <u>Poor Liver Function</u> <u>2 yrs.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Concave Decompensation</u> <u>Small Edema</u> <u>0.5X</u>	
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) <u>NO</u>		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) _____		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 <u>Jan 1</u> , 195 <u>4</u> , to <u>10/4</u> , 195 <u>5</u> , that I last saw the deceased alive on <u>10/3</u> , 195 <u>5</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. E. Mitchell M.D.</u>		23b. ADDRESS <u>Malden, Mo.</u>	
23c. DATE SIGNED <u>10/6/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/6/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-7-55</u>		REGISTRAR'S SIGNATURE <u>J. J. Schuman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Linnell Dore</u>		ADDRESS <u>Malden, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

STATE C-1000

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
Student Embalmer

Signed J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Malden

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.