

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40653

State File No.

5574

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	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. Luke's Hospital		e. STREET ADDRESS (If rural, give location) 92 812 West 72nd St.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) P. c. (Last) JACKSON			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1955		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov. 13, 1903		9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hour _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) District Sales Mgr.			10b. KIND OF BUSINESS OR INDUSTRY Carey Salt Co.			11. BIRTHPLACE (City and State or Foreign Country) Marshfield, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME Alvin W. Jackson			13b. MOTHER'S MAIDEN NAME Maude Owen			14. NAME OF HUSBAND OR WIFE Billie C. 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. 486-05-8305		17. INFORMANT'S SIGNATURE OR NAME Mrs. Billie Jackson, 812 W. 72 St., K. C. Mo.		ADDRESS	
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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, asthma, 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) arteriosclerotic heart disease with myocardial infarct & heart failure			DUE TO (b) _____					11 years	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (c) _____						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								4250	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 _____, 1947, to Dec 21, 1955, that I last saw the deceased alive on Dec 21, 1955 and that death occurred at 6:20 p m., from the causes and on the date stated above.

23a. SIGNATURE M. J. Berry		(Degree or title) m.d.		23b. ADDRESS 315 Nichols Rd. Kansas City		23c. DATE SIGNED Dec 22 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/23/55		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Humansville, Missouri	
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DATE REC'D BY LOCAL REG. 12.22.55		REGISTRAR'S SIGNATURE Neva Grinnell		25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE UND. CO.		ADDRESS K.C.MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

FILED JAN 11 1956

Dr. Justus or Dr. Barry
201 Playa Med. Bldg.
Va 1-3243

STUD.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elmer A. Fiplett*.....

Licensed Embalmer No. *481*.....

P. O. Address *San Francisco*.....

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