

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41271

State File No. \_\_\_\_\_

FILED JAN 3 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 594

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>	c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY OR TOWN <u>Meadville</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>M-Lanney Hosp.</u>		F. STREET ADDRESS (If rural, give location) <u>2580</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriet</u> b. (Middle) <u>Lavina</u> c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-55</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-31-1884</u>	9. AGE (In years) (Month) (Day) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>H. Clay Bargar</u>	13b. MOTHER'S MARIEN NAME <u>Mary Abbey Bargar</u>	14. NAME OF HUSBAND OR WIFE <u>J. Will Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>J. Will Jackson</u>	ADDRESS <u>Meadville</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis with left hemiplegia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis generalizd</u>		
	DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>33'2X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input 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) (Min.) _____	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 12-1, 1955, to 12-18, 1955, that I last saw the deceased alive on 12-7, 1955, and that death occurred at 9:02 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John R. Dixon M.D.</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>12-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meadville</u>	24d. LOCATION (City, town, or county) (State) <u>Meadville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-28-55</u>	REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>	167-D-Dep.	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marion E. Mellison</u>	ADDRESS <u>Meadville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3.300  
0.48

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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..... *Arion E. Mellison*

Licensed Embalmer No. *395*

P. O. Address *Medville*

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.