

FILED DEC 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43139

State File No. ....

BIRTH NO. 85011-55 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 180

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>	c. CITY OR TOWN <u>East Prairie</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>Star Route</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Johnny</u>	b. (Middle) <u>Cleo</u>	c. (Last) <u>Jackson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11 24 1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>11-23-1955</u>	9. AGE (in years last birthday) IF UNDER 1 YEAR Months <u>-</u> Days <u>1</u> IF UNDER 1 HR. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>0</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sikeston, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>

13a. FATHER'S NAME <u>Louis Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Violet Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>0</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No 0</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Violet Jackson, E. Prairie, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ASPHYXIA NEONATORUM</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1144M</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PULMONARY HYALINE MEMBRANE</u>		
	DUE TO (c) <u>1. PREMATURETY - 35WK gestation</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>5272</u>
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 11-23, 1955, to 11-24, 1955, that I last saw the deceased alive on 11-24, 1955, and that death occurred at 5:15A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Audra B. Sm. Jr. M.D.</u>	23b. ADDRESS <u>Sikeston, Missouri</u>	23c. DATE SIGNED <u>11-28-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-25-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>W.O.W.</u>
24d. LOCATION (City, town, of county) (State) <u>East Prairie, Mo.</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Marvis Shelby East Prairie, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-5-55</u>	REGISTRAR'S SIGNATURE <u>Miss Edna Hunter</u>	429

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

DATE RECEIVED **DEC 12 1**

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1255-265

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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 *Harris Shelby*.....

Licensed Embalmer No. 27

P. O. Address *East...*

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.