No. 300
10.48

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5935

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 49

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

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (in this place): 3 Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash Employes' Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: Wentzville
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): Linn Ave.

092 1

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Edward
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 30, 1887
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (City and State or Foreign Country): Effingham Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Louis Jackson
13b. MOTHER'S MAIDEN NAME: Ellen Bailey
14. NAME OF HUSBAND OR WIFE: Georgia Leu Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 703-01-2275
17. INFORMANT'S SIGNATURE OR NAME: Georgia Leu Jackson — ADDRESS: Wentzville, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma — INTERVAL BETWEEN ONSET AND DEATH: About 24 Hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Uremia and Renal Insufficiency — " 1 Week
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
(a) Generalized Arteriosclerosis and Coronary Insufficiency..... Years
(b) Hemiplegia, right, following C.V.A. Dec. 1954.

19a. DATE OF OPERATION: 1/26/56
19b. MAJOR FINDINGS OF OPERATION: Fractured right femur - Open reduction and fixation 9040.
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): At home
21c. (CITY, TOWN, OR TOWNSHIP) 092 (COUNTY) 21 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 23, 1956 m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Patient fell at home

22. *I hereby certify that I attended the deceased from* 1/23/56, 19___, *to* 2/10/56, 19___, *that I last saw the deceased alive on* 2/10/56, 19___, *and that death occurred at* 12:58A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dwight W. Anderson M.D. — DWIGHT W. ANDERSON, M. D., Physician in Charge
23b. ADDRESS: Wabash Employes' Hospital, Moberly, Missouri
23c. DATE SIGNED: 2/13/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 12, 1956
24c. NAME OF CEMETERY OR CREMATORY: Linn Cemetery
24d. LOCATION (City, town, or county) (State): Wentzville, Missouri

DATE REC'D BY LOCAL REG.: Feb 12-56
REGISTRAR'S SIGNATURE: Leah W. Lowe 269
25. FUNERAL DIRECTOR'S SIGNATURE: Taylton J. Pitman — ADDRESS: Wentzville

(Licensed Embalmer's Statement on Reverse Side)

APR 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Jarlton J. Pitman

Licensed Embalmer No. 497

P. O. Address Wentzville

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