

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6683**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **916**

1. PLACE OF DEATH a. COUNTY St. Louis City		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nebraska b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) About 5 wks.	c. CITY OR TOWN Falls City
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Employes Hospital (Hospital Assn.)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 2006 McClran	

3. NAME OF DECEASED (Type or Print)	a. (First) HARLEY	b. (Middle) EUGENE	c. (Last) JACKSON	4. DATE OF DEATH (Month) (Day) (Year) JAN. 25, 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 8, 1887	9. AGE (In years last birthday) 69 0 17	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST-Retired	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) unknown	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Mrs. AGNES JACKSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hospital Records, Mo. Pac. Hosp.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH About 5 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intertrochanteric Fracture of Rt. Femur		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) OR James M Kelly Deputy Council 1/26/56 DUE TO (c) Chronic Myocarditis		

19a. DATE OF OPERATION Jan. 9, 1956	19b. MAJOR FINDINGS OF OPERATION Intertrochanteric Fracture of Rt. Femur	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home	21c. (CITY, TOWN, OR TOWNSHIP) & (COUNTY) (STATE) Falls City, Eg03.0 Nebraska
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 17, 1955	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Slipped on floor at home.

22. I hereby certify that I attended the deceased from **Dec. 24, 1955**, to **JAN. 25, 1956**, that I last saw the deceased alive on **Jan. 25, 1956**, and that death occurred at **3:55 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maxim J. Haw J. M.D.	23b. ADDRESS St. Louis Mo.	23c. DATE SIGNED 1/25/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 1-25-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Falls City, Nebr.
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DATE REC'D BY LOCAL REG. JAN 26 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Dorr-Philpot, Falls City, Nebraska
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S.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
CORONER'S OFFICE FOR APPROVAL
DEPARTMENT OF HEALTH

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 *Francis J. McLaughlin*.....
Licensed Embalmer No. *415*.....
P. O. Address *St. Louis*.....

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.