

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8269

State File No. _____

FILED APR 2 - 1956

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5142 Registrar's No. 209

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neelyville</u>		c. LENGTH OF STAY (in this place) <u>30</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neely Pump</u>		e. STREET ADDRESS (If rural, give location) <u>Highway 67 north</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mary</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Jackson</u>	Month <u>Mar</u>	Day <u>4</u>	Year <u>1956</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-16-1874</u>	9. AGE (In years, 1/4 day) <u>81</u>	10. IF UNDER 1 YEAR Months <u>8</u>	11. IF UNDER 6 HRS. Days <u>2</u>	12. IF UNDER 2 HRS. Hours <u>0</u>	13. IF UNDER 15 MIN. Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work or during most of working life, or if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>north Carolina</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13. FATHER'S NAME <u>Joseph Lay</u>	13b. MOTHER'S MAIDEN NAME <u>Harett unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Beason Jackson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. E. Beason, Neelyville, Mo.</u>	ADDRESS <u>Neelyville, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic heart condition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 months</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c) _____		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>H 200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Everett P. Beason</u>	(Degree or title)	23b. ADDRESS <u>Box 14 Bluff Mo</u>	23c. DATE SIGNED <u>Mar 20 - 56</u>
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	24b. DATE <u>March 10, 56</u>	24c. NAME OF CEMETERY OR OTHER PLACE <u>Neelyville</u>	24d. LOCATION (Give township, county) (State) <u>Butler Co Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/24/56</u>	REGISTRAR'S SIGNATURE <u>P. H. Denehee</u>	FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Beason</u>	ADDRESS <u>Neelyville, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

+89

RECEIVED

MAR 26 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Paul J. Smith* _____

Licensed Embalmer No. *440*

P. O. Address *Sixton* _____

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.