

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8887**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **125**

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| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton | | c. LENGTH OF STAY (In this place) 20 days | c. CITY OR TOWN Humansville |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Wetzel Osteopathic Hosp. | | d. In 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) 0846 | | | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Eliza | b. (Middle) | c. (Last) Jackson | 4. DATE OF DEATH (Month) (Day) (Year) 3 9 1956 |
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| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 2/2/1870 | 9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months 1 Days 7 | IF UNDER 2 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME Wm. Jump | 13b. MOTHER'S MAIDEN NAME Sarah Arnold | 14. NAME OF HUSBAND OR WIFE Harrison Jackson |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -- | 16. SOCIAL SECURITY NO. -- | 17. INFORMANT'S SIGNATURE OR NAME W. H. Jackson | ADDRESS Mission, Kansas |
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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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Acidity | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Psychone DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 **2-17**, 1956, to **3-9**, 1956, that I last saw the deceased alive on **3-9**, 1956, and that death occurred at **1:00 A.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE Mrs. J. J. [Signature] (Degree or title) | 23b. ADDRESS Clinton Mo. | 23c. DATE SIGNED MAR 9 56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/11/56 | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | 24d. LOCATION (City, town, or county) (State) Bolivar, Missouri |
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| DATE REC'D BY LOCAL REG. 3-11-56 | REGISTRAR'S SIGNATURE Mildred Bigum | 25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home | ADDRESS Humansville, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 20 1958

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 *O. H. Beckwith*.....

Licensed Embalmer No. *393*

P. O. Address *Humansville*.....

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.