

FILED APR 16 1956  
3275-56THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9526

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>De Soto</b>		c. CITY OR TOWN <b>De Soto</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>MOS.</b>		e. STREET ADDRESS (If rural, give location) <b>Pratt St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pratt St.</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Terrence</b>	b. (Middle) <b>David</b>	c. (Last) <b>Jackson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 2, 1956</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>Jan. 30, 1956</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>3</b>	IF UNDER 24 HRS. Hours <b>3</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Farmington, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>George Scott Jackson</b>	13b. MOTHER'S MAIDEN NAME <b>Gwendolyn Gwynn</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>George S. Jackson</b>	ADDRESS <b>DeSoto, Mo.</b>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Enteritise ulcerations</b>		<b>6 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>influenza</b> DUE TO (c)		<b>4 days</b>
II. 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 <b>481X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Feb 1, 1956, to March 2, 1956, that I last saw the deceased alive on Feb 29, 1956 and that death occurred at 9:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. E. Owen, D.O.</b>	23b. ADDRESS <b>De Soto, Mo.</b>	23c. DATE SIGNED <b>7/2/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>4/4/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>	24d. LOCATION (City, town, or county) (State) <b>DeSoto Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-13-56</b>	REGISTRAR'S SIGNATURE <b>Marie Harris</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Lee Mothershead</b>	ADDRESS <b>DeSoto, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

146

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 14 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 *J Lee Mathushie*  
Licensed Embalmer No. *355*  
P. O. Address *De Soto*  
*35*

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.