

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9802

FILED APR 4 - 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY MARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY RALLS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HANNIBAL		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY OR TOWN HANNIBAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH		e. STREET ADDRESS (If rural, give location) RFD # 1			

3. NAME OF DECEASED (Type or Print) WILBUR EUGENE JACKSON			4. DATE OF DEATH (Month) (Day) (Year) March 21, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 3, 1892		9. AGE (In years last birthday) IF UNDER 1 YEAR: Days IF UNDER 1 YEAR: Hours IF UNDER 1 YEAR: Min. 64 1 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Quincy Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME WM. A. JACKSON SR.		13b. MOTHER'S MAIDEN NAME ANNIE RUSEMAN		14. NAME OF HUSBAND OR WIFE FLORENCE JACKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas E. Jackson Columbia Missouri	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Immediate
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Embolism		DUPLICATE TO (b) Diabetes mellitis			DUPLICATE TO (c) 3 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 3-10-56		19b. MAJOR FINDINGS OF OPERATION Prostatic hypertrophy			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 260x		
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?		

22. I hereby certify that I attended the deceased from Feb. 20, 19 56, to March 21, 19 56, that I last saw the deceased alive on March 21, 19 56, and that death occurred at 4:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <i>John Conella MD</i>		23b. ADDRESS 707 Bdwy, Hannibal, Missouri		23c. DATE SIGNED 3-26-56	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/1956		24c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park Hannibal Missouri	

DATE REC'D BY LOCAL REG. 3-28-56		REGISTRAR'S SIGNATURE <i>Dr. E. M. Lusk</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. C. Fisher</i> Hannibal Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

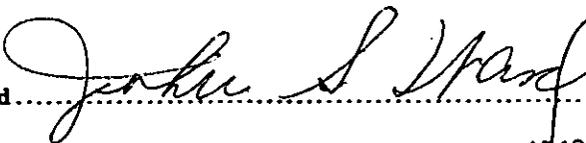
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 3 1956
MARION CO. HEALTH DEPT.
DATE FILED APR 3 1956

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.....


Licensed Embalmer No...4540

P. O. Address Hannibal, Mis

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