

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9926**

FILED MAR 19 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 242 PRIMARY REG. DIST. NO. 4362 Registrar's No. 11

<b>1. PLACE OF DEATH</b> a. COUNTY <u>New Madrid</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Morehouse</u>		c. CITY OR TOWN <u>Morehouse</u>	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) <u>6 years</u>		e. STREET ADDRESS (If rural, give location) <u>07<sup>th</sup> St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <u>Charles</u>	b. (Middle) <u>Crawford</u>	c. (Last) <u>Jackson</u>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 5, 1956</u>
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<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 21, 1872</u>	<b>9. AGE</b> (In years last birthday) <u>84</u>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Blacksmith (Retired)</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Blacksmith</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Carrol Co., Ind.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>James Jackson</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah Draper</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Eva Jackson</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Eva Jackson</u>	<b>ADDRESS</b> <u>Morehouse, Mo.</u>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>18 hours</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>4201</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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22. I hereby certify that I attended the deceased from 3-5, 1956, to 3-5, 1956, that I last saw the deceased alive on 3-5, 1956, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>J. M. Darns</u>	(Degree or title) <u>M.D.</u>	<b>23b. ADDRESS</b> <u>Morehouse, Mo.</u>	<b>23c. DATE SIGNED</b> <u>3-7-56</u>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>burial</u>	<b>24b. DATE</b> <u>3-8-56</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cem.</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Sikeston, Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>3-9-56</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Kathryn L. Mc Bain</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Watkins &amp; Sons</u>	<b>ADDRESS</b> <u>Dexter, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED MAR 10 1956  
NEW MADRID CO. HEALTH CENTER

P. G. S.

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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 Marsh Watkins.....

Licensed Embalmer No. 47.....

P. O. Address Dexter.....

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.