

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 28 1956

State File No. 15778

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Carrollton Mo</u>		c. CITY OR TOWN <u>Carrollton Mo</u>	
c. LENGTH OF STAY (in this place) <u>8 1/2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Statons Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>204 E Benton</u>	

3. NAME OF DECEASED (First) <u>Louisa</u> (Type or Print)		b. (Middle) <u>Stemple</u>		c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1956</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov 25 1878</u>	
9. AGE (In years last birthday) <u>77</u>		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 24 Hrs. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Carrollton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13. FATHER'S NAME <u>Lawrence Stemple</u>		13b. MOTHER'S MAIDEN NAME <u>Christina Fox</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harold Jackson</u> ADDRESS <u>Carrollton, Mo</u>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>base high femur lacer 36 yrs</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infirmities of old age</u>			
		DUE TO (c) _____			
		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 _____		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) <u>331x</u>	
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? _____	

22. I hereby certify that I attended the deceased from May 1, 1956 to May 20, 1956 that I last saw the deceased alive on May 20, 1956 and that death occurred at 8:00 pm, from the causes and on the date stated above.

23a. SIGNATURE <u>Harold Jackson</u> (Degree or title)		23b. ADDRESS <u>Carrollton Mo</u>		23c. DATE SIGNED <u>May 20 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-22-56</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Carter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Studdy L. Gibson</u> ADDRESS <u>Carrollton Mo</u>	

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

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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..... *Ben W. Gibson*

Licensed Embalmer No. *29*

P. O. Address..... *Carroll*

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.