No. 300
10.48

FILED JUN 14 1956

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 15809

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 3246 Registrar's No. 19

**1. PLACE OF DEATH**
a. COUNTY Cedar
b. CITY OR TOWN Rural, Washington Twp. 19 Trs. (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Miles N.E. Caplinger Mills

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN Rural,
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location) 2 Miles N.E. of Caplinger Mill

**3. NAME OF DECEASED** (Type or Print)
a. (First) AMOS
b. (Middle) MANOAH
c. (Last) JACKSON

**4. DATE OF DEATH** (Month) (Day) (Year) June 2, 1956

**5. SEX** Male
**6. COLOR OR RACE** White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
**8. DATE OF BIRTH** Feb. 24, 1873
**9. AGE** (In years last birthday) 83 — If under 1 year: Months 3 Days 8 — If under 24 hrs.: Hours ___ Min. ___

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Farmer
**10b. KIND OF BUSINESS OR INDUSTRY** Farm Owner
**11. BIRTHPLACE** (City and State or Foreign Country) Greene County, Ill.
**12. CITIZEN OF WHAT COUNTRY?** USA.

**13a. FATHER'S NAME** Manoah Jackson
**13b. MOTHER'S MAIDEN NAME** Sarah E. Woolridge
**14. NAME OF HUSBAND OR WIFE**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) No (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS** Mrs. Ethel Gannaway, Stockton, Mo.

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

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** 4201
**20. AUTOPSY?** YES ☐ NO ☐

**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)**
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 5-29, 1956, *to* _____, 19___, *that I last saw the deceased alive on* 6-2, 1956, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** Wm. B. Richter M.D. (Degree or title)
**23b. ADDRESS** Stockton Mo.
**23c. DATE SIGNED** 6-4-56

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** 6-4-1956
**24c. NAME OF CEMETERY OR CREMATORY** Old Union
**24d. LOCATION** (City, town, or county) Cedar County, Mo. (State)

**DATE REC'D BY LOCAL REG.** 6-9-56
**REGISTRAR'S SIGNATURE** Geneva Garrison
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS** Conlan Funeral Home, Stockton, MO.

(Licensed Embalmer's Statement on Reverse Side)

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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Carlton

Licensed Embalmer No. 4

P. O. Address Stockton

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