FILED JUN 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 20055

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett — Inside Limits Yes XX No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 715 N. Vandeventer — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin
c. CITY OR TOWN Kennett Mo. 3520 — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 715 N. Vandeventer — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First Rufus Middle L. Last Jackson
4. DATE OF DEATH Month June Day 12 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED XX NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Feb. 6- 1874
9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months 4 Days 6 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY XX
11. BIRTHPLACE (City and state or country) Puxico Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jim Jackson
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO. None
17. INFORMANT Addie Jackson Address Kennett Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH 1 day.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 33/X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from mar 1952 to June 12, 1956 and last saw him alive on June 11
Death occurred at 7.15P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. R. Peck (Degree or title) M.D.
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED June 14, 1956

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-14-56
23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery
23d. LOCATION (City, town, or county) Kennett (State) Mo.

24. FUNERAL DIRECTOR Lentz Service ADDRESS Kennett Mo.
25. DATE RECD. BY LOCAL REG. 6-15-1956
26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-23-5
COUNTY FILE NUMBER 656-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar Lee Fort

Licensed Embalmer No. 443

P. O. Address Kennett M

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