

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 11 1956

STATE FILE NUMBER **26960**  
REGISTRAR'S NO. **3659**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>330 S. Van Brunt</b>			Length of stay in lb <b>25 Years</b>	d. STREET ADDRESS (If outside, give location) <b>330 S. Van Brunt</b>			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Bernard</b> Middle <b>Clarence</b> Last <b>Jackson</b>				4. DATE OF DEATH Month <b>Aug.</b> Day <b>19,</b> Year <b>1956</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 6, 1879</b>		9. AGE (In years last birthday) <b>76 yrs.</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Auto machinery</b>	11. BIRTHPLACE (City and state or country) <b>Mattoon, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Madison B. Jackson</b>				14. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Curry</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT <b>Thelma Daleo</b> Address <b>330 S. Van Brunt K.C. Mo.</b>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary heart disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, generalized</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							INTERVAL BETWEEN ONSET AND DEATH <b>15 hours</b> <b>10-15 yrs</b> <b>42 yr</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____				
20c. TIME OF INJURY Hour _____ Month _____ Day _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION <b>Kansas City Jackson Mo</b> COUNTY _____ STATE _____				
21. I attended the deceased from <b>Nov 1956</b> to <b>May 1956</b> and last saw him alive on <b>May 25, 1956</b> Death occurred at <b>August 29 1956</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>J. L. Sherman M.D.</b> (Degree or title)				22b. ADDRESS <b>4606 St. John Ave K.C. Mo</b>		22c. DATE SIGNED <b>8-20-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8/22/56</b>	23c. NAME OF CEMETERY <b>Floral Hills Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>		
24. FUNERAL DIRECTOR ADDRESS <b>STINE &amp; McCLURE UND. CO., K. C. MO.</b>			25. DATE RECD. BY LOCAL REG. <b>8-21-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
K. L. Shi reinar

Health, Welfare, Public Service  
000-56  
Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

**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 *Gerald A. Burger*.....

Licensed Embalmer No. *476*

P. O. Address *K. E. Mo.*

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.