

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1956

4451 31786
STATE FILE NUMBER
6047 Registrar's No. 658

Registration District No. 381 Primary Registration District No. Registrar's No. 658

1. PLACE OF DEATH a. COUNTY Ripley				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Ripley					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN naylor		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Naylor		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in lb 40 years		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Gurtie Mae Jackson				First Middle Last		4. DATE OF DEATH Month Sept. Day 22 Year 1956			
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 24 1885		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 3 Days 28	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Eldrado, Ill.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME David L. Cain				14. MOTHER'S MAIDEN NAME Alice Rhine					
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT John Jackson Address Naylor, Mo.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Synpneic sarcoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) none DUE TO (c) none PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) none							INTERVAL BETWEEN ONSET AND DEATH		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) none					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour no Month no Day no Year no a. m. no p. m. no			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 July 30 1955 to Sept 22 1956 and last saw her alive on 9/22 1956 Death occurred at 9:15 m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE H. E. White MD				22b. ADDRESS Naylor Mo		22c. DATE SIGNED 9/23 1956			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 25/56	23c. NAME OF CEMETERY OR CREMATORY Naylor		23d. LOCATION (City, town, or county) (State) Naylor Mo.				
24. FUNERAL DIRECTOR McCord-Gish ADDRESS Naylor				25. DATE RECD. BY LOCAL REG. 9-29-1956		26. REGISTRAR'S SIGNATURE ER Hunter			

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Sydney Mc Cord*.....

Licensed Embalmer No. *407*

P. O. Address *May, Tex.*

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.