

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34686**

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>123</u>		
1. PLACE OF DEATH a. COUNTY <u>Linn</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Brookfield</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 (If not in hospital or institution, give street address or location) <u>M. L. Larnoy Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>422 W. Clayton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry C.</u> b. (Middle) _____ c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 1956</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>May 29 1888</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Keytesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Allen Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lucille Wilson</u> ADDRESS _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>						
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						
		II. ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)						
		DUE TO (b) <u>Generalized arteriosclerosis</u>						
		DUE TO (c) _____						
		III. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Seridity</u>						
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) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		
		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 <u>Nov. 4</u> , 19 <u>56</u> , to <u>Nov. 4</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>Nov. 4</u> , 19 <u>56</u> , and that death occurred at <u>4:30</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. W. Bohne</u>				23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>11/4/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 7 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosen Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-7-56</u>		REGISTRAR'S SIGNATURE <u>Katherine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Homer Boudin</u> ADDRESS <u>Brookfield Mo.</u>				

(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 embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Homer Bowden*

Licensed Embalmer No. *3295*

P. O. Address *Brookfield*

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.