

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34994**

FILED OCT 30 1956

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053** Registrar's No. **198**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Edgar Springs	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 1/2 Yrs		e. STREET ADDRESS (If rural, give location) 2 Miles East on Lenox Road.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HENR Y	c. (Last) JACKSON	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 7, 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Edgar Springs, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Jackson	13b. MOTHER'S MAIDEN NAME Cecile Renaud	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XX	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Ed. Ingram, Edgar Springs, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		2 hrs
	ANTECEDENT CAUSES DUE TO (b) Atherosclerosis advanced DUE TO (c)		yes
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4-1, 1953, to 10/19, 1956**, that I last saw the deceased alive on **10-15, 1956**, and that death occurred at **5:00A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Hughes M.D.	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 10/23/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-22-56	24c. NAME OF CEMETERY OR CREMATORY Renaud Cemetery	24d. LOCATION (City, town, or county) (State) Near, Edgar Springs, Mo.,
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DATE REC'D BY LOCAL REG. Oct 26, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	ADDRESS Rolla Mo.,
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

800

RECEIVED

Phelps County Health Officer,

County File Number 560

Date Filed OCT 26 1958

1958
OCT 26

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..... *Paul E. New*

Licensed Embalmer No. 445

P. O. Address Rolla,

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.