

FILED NOV 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36946**

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico Mo</u>		c. CITY OR TOWN <u>Montgomery City Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>40da</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Audrain County</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ORA</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>JACKSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 17 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>9-29-1877</u>	9. AGE (In years and Birthdays) <u>79</u>	IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway County Mo</u>	
13a. FATHER'S NAME <u>Daniel Hickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Marilla Doe</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Jackson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-14-9659</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joe Jackson</u> ADDRESS <u>Wellsville Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>BRONCHIECTASIS</u>		II. OTHER SIGNIFICANT CONDITIONS <u>DIVERTICULITIS</u> <u>MYOCARDIAL DECOMPENSATION</u>	Interval between onset and death <u>6 mos 1 wk</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. OTHER SIGNIFICANT CONDITIONS		Interval between onset and death	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>many years</u>
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* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				

19a. DATE OF OPERATION <u>Sept 1956</u>	19b. MAJOR FINDINGS OF OPERATION <u>Diverticulitis</u>	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) _____	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 Oct 3, 1956, to Nov 17, 1956, that I last saw the deceased alive on Nov 17, 1956 and that death occurred at 9 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Leonard J Davis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>209c Jackson Mexico Mo</u>	23c. DATE SIGNED <u>11-17-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MONTGOMERY CITY CEM</u>
24d. LOCATION (City, town, or county) (State) <u>MONTGOMERY CITY MO</u>		

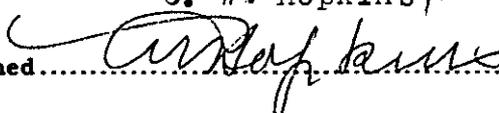
DATE REC'D BY LOCAL REG. <u>Nov 17-1956</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Krum</u> ADDRESS <u>MONTGOMERY CITY MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 XXX on the 17th day of Nov^r 1956....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

C. W. Hopkins
Signed.....


Licensed Embalmer No...1487
Montgomery City Mo
P. O. Address.....

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.