

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37801
STATE FILE NUMBER

FILED NOV 26 1956

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Howard County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fayette</u> 04510		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Corner Perry + Tolson</u>			Length of stay in lb <u>10 yr.</u>	d. STREET ADDRESS <u>Corner Perry + Tolson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>BROOKSIE CLAYBORN JACKSON</u> First Middle Last				4. DATE OF DEATH <u>Nov. 1 - 1956</u> Month Day Year				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 12 - 1899</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Howard county</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Willis Robinson</u>				14. MOTHER'S MAIDEN NAME <u>Mary Ellen Tolson</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Willis R. Jackson Fayette, Mo.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Metastatic Carcinoma Lung</u> DUE TO (b) <u>Carcinoma breast</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <u>3m.</u> <u>1 yr.</u>	
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 _____ a. m. _____ p. m. _____								
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 <u>Oct 27 '56</u> and last saw her/him alive on <u>Nov 1 '56</u> Death occurred at <u>8:30 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>M. P. Keech M.D.</u> (Degree or title)				22b. ADDRESS <u>Fayette, Mo</u>		22c. DATE SIGNED <u>11-2-56</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 5, 1956</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hilldale</u>		23d. LOCATION (City, town, or county) (State) <u>Hilldale Mo.</u>			
24. FUNERAL DIRECTOR <u>Stuart P. Parker, Columbia, Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>11-2-56</u>		26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 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.

health, Welfare
 Public
 service
 3800
 1-56

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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 *Edward H. Krueger*

Licensed Embalmer No. *1495*

P. O. Address *Columbia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.