

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40401**

FILED DEC 4 - 1956

BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **80**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Warrens b. CITY OR TOWN Warrenton Mo c. LENGTH OF STAY (in this place) 2 1/2 d. FULL NAME OF HOSPITAL OR INSTITUTION Kate Jane Home			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Warrenton c. CITY OR TOWN Warrenton City Mo d. STREET ADDRESS Main			
3. NAME OF DECEASED a. (First) EDWARD b. (Middle) JACKSON c. (Last) SON		4. DATE OF DEATH (Month) (Day) (Year) 11 29 56				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH 1-13-1876	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Jackson		13b. MOTHER'S MAIDEN NAME Lippitt	14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 7-8-1-1	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Kate Jane Record, Warrenton Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senescent atrophy ANTECEDENT CAUSES Stroke Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke DUE TO (c) Intermittent Heart Disease			INTERVAL BETWEEN ONSET AND DEATH unk unk		
18. CAUSE OF DEATH (continued) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Crown Arteriosclerosis	19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION H200	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 10-17, 1957, to 11-29, 1956, that I last saw the deceased alive on 11-27, 1956, and that death occurred at 7:00 p.m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Dr. H. H. ...		23b. ADDRESS Warrenton Mo		23c. DATE SIGNED 11-30-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-2-56	24c. NAME OF CEMETERY OR CREMATORY Warrenton City	24d. LOCATION (City, town, or county) (State) Warrenton City MO			
DATE REC'D BY LOCAL REG. 12-3-56	REGISTRAR'S SIGNATURE Lloyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. W. ... Warrenton City Mo			

This body was captured by me on
The 29 day of Nov 1956

Wiggins
Montgomery city Mo.
License # 1487