

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

42401

FILED JAN 4 1957

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 237

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 OR TOWN Rolla		c. CITY OR TOWN Rolla	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) 12 years		e. STREET ADDRESS (If rural, give location) 104 East 3rd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 East 3rd Street			

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) LEE	c. (Last) JACKSON	4. DATE OF DEATH December 22, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 17, 1884	9. AGE (In years last birthday) 72	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) Watchman	10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and State or Foreign Country) Yancy Mills, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Thomas Jackson	13b. MOTHER'S MAIDEN NAME Harriet Fore	14. NAME OF HUSBAND OR WIFE Rosella
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 492-12-6833	17. INFORMANT'S SIGNATURE OR NAME Lee Jackson	ADDRESS Rolla, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hrs. 6 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mural Thrombus		
DUE TO (c)		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) (m.)	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 Dec, 1956, to Dec, 1956, that I last saw the deceased alive on Dec 22, 1956, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE James M. Myers M.D.	(Degree or title)	23b. ADDRESS Rolla, Mo	23c. DATE SIGNED 12/24/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 24, 1956	24c. NAME OF CEMETERY OR CREMATORY Jackson Cemetery	24d. LOCATION (City, town, or county) (State) Phelps County, Missouri
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DATE REC'D BY LOCAL REG. Dec 24, 1956	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Null & Sons Funeral Home	ADDRESS Rolla, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 612

Date Filed JAN 2 1957

1957 JAN 2

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. N...*

Licensed Embalmer No..... 449

P. O. Address..... Rolla, Mo

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.