THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44741
STATE FILE NUMBER

FILED JAN 23 1957

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Lafayette
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Memorial Hospital — Length of stay in 1b 2 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Lafayette
c. CITY OR TOWN Higginsville 054 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 219 W 17th — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First Charles Middle Louis Last Jackson
4. DATE OF DEATH Month Dec Day 27 Year 1956

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH 2-12-1881
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 10 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian
10b. KIND OF BUSINESS OR INDUSTRY Employee
11. BIRTHPLACE (City and state or country) Lafayette Co. Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Cale B Jackson
14. MOTHER'S MAIDEN NAME Harriet Collins

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. none
17. INFORMANT Mrs Sophie L. Hayner (Daughter) Address Higginsville Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock, severe — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Burns, 2nd & 3rd degree, 100% body surface — 4 hrs.
DUE TO (c) 9160
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 16
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Pt. apparently fell into brush fire & clothing ignited
20c. TIME OF INJURY Hour a. m. Month, Day, Year 10:30 12/27/56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home
20f. CITY, TOWN, OR LOCATION Higginsville 054 COUNTY Lafayette STATE Mo.

21. I attended the deceased from 12-27-56, to 12-27-56 and last saw ~~her~~ him alive on 12-27-56
Death occurred at 1:26 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS Higginsville, Mo.
22c. DATE SIGNED 1/7/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 12-30-1956
23c. NAME OF CEMETERY OR CREMATORY Mt Muncie Cemetery
23d. LOCATION (City, town, or county) Higginsville (State) Mo

24. FUNERAL DIRECTOR [signature] ADDRESS Higginsville Mo
25. DATE RECD. BY LOCAL REG. 1-14-57
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, [redacted] ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Tom L. Thurman

Licensed Embalmer No. 456

P. O. Address Richmond

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