

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3317**

BIRTH NO. _____ REG. DIST. NO. **322** PRIMARY REG. DIST. NO. **3071** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Slater	c. LENGTH OF STAY (In this place) 40 yrs	c. CITY OR TOWN Slater	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION none		f. STREET ADDRESS (If rural, give location) Erma St.	

3. NAME OF DECEASED (Type or Print) a. (First) Rachel b. (Middle) Alice c. (Last) Jackson			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Nov. 23-1888	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 1 Days 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Saline Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Alfred Jackson	13b. MOTHER'S MAIDEN NAME Marietta Wallace	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 499-16-0804	17. INFORMANT'S SIGNATURE OR NAME Lucinda Jackson Slater, Mo.	ADDRESS Slater, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs 8 mo.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of liver with metastasis to lungs		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) 1561
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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 28, 1956**, to **Jan 3, 1957**, that I last saw the deceased alive on **Jan 3, 1957**, and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. M. Surrency M.D.	(Degree or title)	23b. ADDRESS Slater	23c. DATE SIGNED 1/4/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/5/1957	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Slater, Mo.
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DATE REC'D BY LOCAL REG. 1-5-57	REGISTRAR'S SIGNATURE Ms. Earl C. Metz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	ADDRESS Slater, Mo.
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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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *A. Q. Hill*

Licensed Embalmer No. *3090*

P. O. Address *State*

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.