

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12382
STATE FILE NUMBER

FILED APR 29 1957

20530-57 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 227

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler		
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Poplar Bluff		Inside Limits 0124/0 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) Southeast Mo. HOSPITAL		Length of stay in 1b 1 Day	d. STREET ADDRESS 947 Hickory		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JANICE LEA JACKSON			4. DATE OF DEATH 4 Month 10th 57		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 46 9- 57	9. AGE (In years last birthday) —	IF UNDER 1 YEAR Months — Days 2 Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Poplar Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Harold Jackson			14. MOTHER'S MAIDEN NAME Wanda Wilkerson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no		16. SOCIAL SECURITY NO. -----	17. INFORMANT Harold Jackson, Poplar Bluff, Mo		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory & circulatory failure APNEIC PAUSES Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) PREMATURITY DUE TO (c) ----- PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Birth wt. 2# 7oz.					INTERVAL BETWEEN ONSET AND DEATH 6-8 hours same 1 day
MEDICAL CERTIFICATION	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.) 7625			
20c. TIME OF INJURY Hour ----- Month, Day, Year 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 9 APRIL 57 to 10 APRIL 57 and last saw her her alive on 10 APRIL 57 Death occurred at 6:50 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE James A. Kinder MD			22b. ADDRESS Cape Girardeau		22c. DATE SIGNED 20 April '57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-10-57	23c. NAME OF CEMETERY OR CREMATORY Shain Memorial	23d. LOCATION (City, town, or county) Butler, Co. Mo.	(State) '57	
24. FUNERAL DIRECTOR J.C. White		ADDRESS Fisk, Mo.	25. DATE RECD. BY LOCAL REG. 4-22-1957	26. REGISTRAR'S SIGNATURE C. C. Summers	

(Licensed Embalmer's Statement on Reverse Side)

44-0

not Embalmed.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.