

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13858**
Registrar's No. **20**

FILED MAY - 9 1957
BIRTH NO. **8001-57**

REG. DIST. NO. **182**

PRIMARY REG. DIST. NO. **5679**

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

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN New Boston. Baker Twp.		c. CITY OR TOWN New Boston,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 months		e. STREET ADDRESS 0580 (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Route, (West)			
3. NAME OF DECEASED (Type or Print) a. (First) Darrell b. (Middle) Eugene c. (Last) Jackson			4. DATE OF DEATH April 28, 1957
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ---	8. DATE OF BIRTH Feb. 20, 1957
9. AGE (In years last birthday) 2		IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Hours --- Min. ---
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and State or Foreign Country) Brookfield, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A			
13a. FATHER'S NAME Theodore Jackson Jr.		13b. MOTHER'S MAIDEN NAME Nadine Burns	14. NAME OF HUSBAND OR WIFE none
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Theodore Jackson Jr. New Boston, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Spina Bifida & Myelomelia INTERVAL BETWEEN ONSET AND DEATH 65 days 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 751X	
20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) _____	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 Feb 20, 1957 , to April 28, 1957 , that I last saw the deceased alive on April 27, 1957 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE H. H. Potter (Degree or title)		23b. ADDRESS Rox 2 Brookfield mo	23c. DATE SIGNED 4-29-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 29, 1957	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Com.	24d. LOCATION (City, town, or county) (State) Baker Twp. Bucklin, Mo.
DATE REC'D BY LOCAL REG. 4-29-57	REGISTRAR'S SIGNATURE Miss Brenda Kelley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Bucklin, Mo.	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *E. A. Larson*

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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.