

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19756

STATE FILE NUMBER

FILED JUN 5 1957

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 32

Health,
Welfare
Public
Service

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				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Saline		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		a. STATE Missouri		b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater		Inside Limits OR TOWN Slater		c. CITY OR TOWN Miami		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 523 Watts Street				Length of stay in 1b 6 days		d. STREET ADDRESS (If outside, give location) Miami, Mo.	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Betty		Middle Ann		Last Jackson		Month May Day 27 Year 1957	
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH August 26, 1900	
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 10 Days 1		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Chariton, County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13. FATHER'S NAME Walter Hayes			
14. MOTHER'S MAIDEN NAME Josephine Jackson				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yrs. give year or dates of service) none			
16. SOCIAL SECURITY NO. 				17. INFORMANT Mr. Ellis Jackson, Miami, Missouri Address 			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leioangiosarcoma of uterus DUE TO (b) with generalized metastasis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 9 mo. 6 mo.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)				
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 Jan-10-1957 to May 27, 1957 and last saw ^{her} alive on May 25, 57 Death occurred at 6:30a m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE P. A. McBurney M.D. (A Doctor or title)				22b. ADDRESS Slater, Missouri		22c. DATE SIGNED 5/28/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/28/57		23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery		23d. LOCATION (City, town, or county) (State) Slater, Missouri	
24. FUNERAL DIRECTOR George H. Green, Marshall Mo. ADDRESS 				25. DATE RECD. BY LOCAL REG. May 28, 1957		26. REGISTRAR'S SIGNATURE Mr. Earl C. Metz	

JUN 13 1957

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 George H. Green

Licensed Embalmer No. 47

P. O. Address Oriskany

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.