

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

State File No. 19778
89

REG. DIST. No. 333 PRIMARY REG. DIST. NO. 3074

Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR U.S. TOWN Sikeston		c. LENGTH OF STAY (in this place) 5 Hours		c. CITY OR TOWN Sikeston	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Delta Community Hospital		e. STREET ADDRESS (If rural, give location) 623 Moore St.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Adial		b. (Middle) Moore		c. (Last) Jackson	
4. DATE OF DEATH (Month) (Day) (Year) 5 20 1957		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-17-1900		9. AGE (in years last birthday) Months Days 57 2 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Self-employed		11. BIRTHPLACE (City and State or Foreign Country) Jonesboro, Arkansas	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Walter Jackson		13b. MOTHER'S MAIDEN NAME Woodsie Thomas	
14. NAME OF HUSBAND OR WIFE Oriole Ebrod		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 489-09-9135		16. SOCIAL SECURITY NO. 489-09-9135	
17. INFORMANT'S SIGNATURE OR NAME Oriole Jackson, Sikeston, 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, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis, cancer		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Multiple Myeloma 2. Waterhouse-Friedrichsen Syndrome		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acromegaly		3 Wks	
DUE TO (c)		19a. DATE OF OPERATION		20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
19b. MAJOR FINDINGS OF OPERATION 297X		21a. ACCIDENT (Specify) SUICIDE		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 2-1-57 , 19 57 , to 5-20 , 19 57 , that I last saw the deceased alive on 5-20 , 19 57 and that death occurred at 1:10 P.m. , from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Andris B. L. M.D.	
23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 5-21-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE May 22, 1957		24c. NAME OF CEMETERY OR CREMATORY Philadelphia, Conn.		24d. LOCATION (City, town, or county) (State) Jonesboro, Arkansas	
DATE RECD BY LOCAL REG. 5-22-57		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Abertson Funeral Home	
ADDRESS Sikeston					

(Licensed Embalmer's Statement on Reverse Side)

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

439-0

770.

DATE RECEIVED MAY 27 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 557-110

JUN 14 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 *E. J. Smith*

Licensed Embalmer No. 2676

P. O. Address Quincy, 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.