FILED JUN 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 021849
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 219

1. PLACE OF DEATH
a. COUNTY Marion.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal, Missouri. Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Levering Hospital Length of stay in 1b 2Wks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ralls,
c. CITY OR TOWN Center, Mo. Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Center, Mo. Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First GRACE Middle V. Last JACKSON.

4. DATE OF DEATH Month May Day 23, Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH Dec 4, 1887

9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) Center, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Webb

14. MOTHER'S MAIDEN NAME Sarah Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT J.C. Jackson Address Center, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 13 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic nephritis with uremia — Unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 592x

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 5-10-57, to 5-23-57 and last saw her/him alive on 5-23-57
Death occurred at 2:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.

22b. ADDRESS Hannibal, Mo.

22c. DATE SIGNED 6-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE May 25, 1957

23c. NAME OF CEMETERY OR CREMATORY Olivet

23d. LOCATION (City, town, or county) (State) Center, Mo.

24. FUNERAL DIRECTOR Clyde C. Wilkey ADDRESS Center, Mo.

25. DATE RECD. BY LOCAL REG. 6-12-57

26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke By W.C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED JUN 1 9 1957
MARION CO. HEALTH DEPT.
DATE FILED JUN 1 9 1957

MAR 10 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wiley

Licensed Embalmer No. 38

P. O. Address Perry

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.