

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27903

State File No.

FILED SEP 13 1957

BIRTH NO. REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>11 hours</u>	c. CITY OR TOWN <u>MAUDEN, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>0350</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Y.</u> c. (Last) <u>Jackson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-20-57</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>5-15-57</u>	9. AGE (In years last birthday) <u>5</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 11 HRS. Days <u>5</u> Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>D</u> <u>MAUDEN, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>Pearline JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Pearline Jackson-Mauden, Mo.</u> ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
		ANTECEDENT CAUSES Morbidity 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 <u>7630</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 5-19-57 to 5-20-57, 1957, that I last saw the deceased alive on 5-20-57, 1957, and that death occurred at 12:45 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wintory T. ...</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Kennett, Mo.</u>		23c. DATE SIGNED <u>8-28-57</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>9-2-1957</u>		REGISTRAR'S SIGNATURE <u>Carl ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Day Funeral Home Malden, Mo.</u> ADDRESS	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-9-52

COUNTY FILE NUMBER 952

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.