FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32439

STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 5593 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Jefferson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Plattin Twp. Inside Limits Yes ☐ No ☐	c. CITY OR TOWN Plattin Twp. Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Route#1, Festus, Mo. Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) Route #1, Festus, Mo. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Frank Middle Russell Last Jackson		4. DATE OF DEATH Month Day Year Sept. 3, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Dec. 29, 1904
9. AGE (In years last birthday) 52	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) Electrician, Motor Repr.	10b. KIND OF BUSINESS OR INDUSTRY ——	11. BIRTHPLACE (City and state or country) Plattin, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Stephen Jackson		14. MOTHER'S MAIDEN NAME Josephine Billy	
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. 490-03-9844	17. INFORMANT Mrs. Mary Lu Address Jackson R#1, Festus, 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) Cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH —

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Nephrosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 442X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 March 7, 1956 to Sept 1, 1957 and last saw her/him alive on Sept 1, 57

Death occurred at — m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Brinton Belyeu, M.D.	22b. ADDRESS Festus, Mo.	22c. DATE SIGNED 9/6/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 5, 1957	23c. NAME OF CEMETERY OR CREMATORY Methodist
23d. LOCATION (City, town, or county) (State) Festus, Mo.		
24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Festus, Mo.	25. DATE RECD. BY LOCAL REG. 9-9-1957	26. REGISTRAR'S SIGNATURE Marie Farris

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

46

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

SEP 11 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Donald H. Wright

Licensed Embalmer No. 46

P. O. Address Festus,

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.