

FILED NOV 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34809

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 403

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		c. CITY OR TOWN <u>Columbia</u> <u>0102</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. of Mo. Med. Center</u>		d. STREET ADDRESS (If outside, give location) <u>21 Maplewood Dr</u>	
3. NAME OF DECEASED (Type or print) First <u>Richard</u> Middle <u>Lee</u> Last <u>Jackson</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>3</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 3, 1988</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired (CARPENTER)</u>		11. BIRTHPLACE (City and state or country) <u>Missouri</u>	
13a. FATHER'S NAME <u>RICHARD JACKSON</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Jackson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war & dates of service) <u>Unknown</u>		17. INFORMANT <u>Hospital Chart</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular fibrillation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 sec.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		DUE TO (c) <u>4200</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Emphysema; Recent Myocardial Infarction</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <u>Oct 28</u> to <u>Nov 3</u> and last saw him alive on <u>Nov 3</u> Death occurred at <u>8:02</u> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>11/3/57</u>	
22a. SIGNATURE (If agree or title) <u>Diane Burkhardt, M.D.</u>		22b. ADDRESS <u>U. of Missouri Medical Center</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
24. FUNERAL DIRECTOR <u>Parker Funeral Service Columbia Mo</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

HOSPITAL

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 *Joseph Phillips*

Licensed Embalmer No. *1507*
P. O. Address *Columbia, Md.*

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.