

THE DIVISION OF HEALTH OF MISSOURI  
FILED NOV 8 1957 STANDARD CERTIFICATE OF DEATH

State File No. **35256**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5329 Registrar's No. 29-1954

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba-Rural-Oakhill</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba-Twp1-Oakhill</u>	
c. LENGTH OF STAY (in this place) <u>29 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi. N. E. Cuba on HWY P</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AT Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>William</u>	c. (Last) <u>JACKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 9 1957</u>
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5. SEX <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 9 - 1896</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Civil Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Wakefield ENGLAND</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>James Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah Tonkinson</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>474-22-9077A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Robbins</u>	ADDRESS <u>106 E. Oak St. Kansas, Ill.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
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<p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</p> <p>ANTECEDENT CAUSES</p> <p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>	DUE TO (b) <u>after leaving the family property</u>		7954
	DUE TO (c) <u>by being all well when we</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had come to the conclusion</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>That the Cause of her death by natural cause</u>	20. AUTOPSY? <u>2</u>
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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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Norman C. Hoener</u> (Degree or title) _____	23b. ADDRESS <u>Steebelle MO</u>	23c. DATE SIGNED <u>Sept 16 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Kinder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cuba MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-16-1957</u>	REGISTRAR'S SIGNATURE <u>John D. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Hoener</u>	ADDRESS <u>Cuba, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

372-1

JAN 29 1958  
8561 68 NVP

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.....

Body SURVIVED Embalmed

working under my personal supervision.

Student Embalmer No.....

Signed Norman A. Spencer

Signed.....

Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, 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 this body is not embalmed, fact should be so stated above.