

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 5 1957

State File No. 36360

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 506

1. PLACE OF DEATH a. COUNTY <i>Jasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <i>Missouri</i> b. COUNTY <i>Chouteau</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>John</i>		c. LENGTH OF STAY (In days) <i>50 days</i>	c. CITY OR TOWN <i>Baxter Springs</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Johns Hospital</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <i>1638 Chouteau #158</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Basel</i> b. (Middle) <i>Owen</i> c. (Last) <i>Jackson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>10-30-57</i>		
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 16 1910</i>	9. AGE (In years, last birthday) <i>46</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Machinist</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>meat industry</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Van Alstyne Texas</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>J. A. Jackson</i>	13b. MOTHER'S MAIDEN NAME <i>Lucretia Cooker</i>	14. NAME OF HUSBAND OR WIFE <i>Colleen Jackson</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>453-10-5602</i>	17. INFORMANT'S SIGNATURE OR NAME <i>ms. Colleen Jackson</i>	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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>3 weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchogenic Carcinoma (left)</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>162X</i>		
19a. DATE OF OPERATION <i>10/30/57</i>		19b. MAJOR FINDINGS OF OPERATION <i>Bronchogenic Carcinoma</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) _____
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? _____

22. I hereby certify that I attended the deceased from *Oct 1, 1957* to *Oct 30, 1957*, that I last saw the deceased alive on *Oct 30, 1957*, and that death occurred at *12:30* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>B. S. Detar, Jr., M.D.</i>	23b. ADDRESS <i>412 Jackson Mo</i>	23c. DATE SIGNED <i>10/30/57</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>10-30-57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Baxter Springs</i>	24d. LOCATION (City, town, or county) (State) <i>Baxter Springs Mo</i>
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DATE REC'D BY LOCAL REG. <i>10-30-57</i>	REGISTRAR'S SIGNATURE <i>Noel Merriam</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Lance Wena</i>	ADDRESS <i>Baxter Springs Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 24 1958

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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 Wene Funeral Home, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. Lane Wene

Licensed Embalmer No. 2880

P. O. Address Baxter Springs

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.