t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40402
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5548

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Children's Mercy — Length of stay in 1b 24 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Excelsior Springs — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Rt #1 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Tresa Middle Marcella Last Jackson

4. DATE OF DEATH Month Nov. Day 23 Year 1957

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 11-26-56

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 11 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child

10b. KIND OF BUSINESS OR INDUSTRY Child

11. BIRTHPLACE (City and state or country) Smithville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Junior Jackson

13b. MOTHER'S MAIDEN NAME Joan Kathryn Grass

14. NAME OF HUSBAND OR WIFE Infant

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) infant (If yes, give war or dates of service) infant

16. SOCIAL SECURITY NO. infant

17. INFORMANT James Jackson Address Excelsior Springs, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic bilateral subdural hematoma (n.m.d.)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Hydrocephalus due to birth injury

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 752X

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 10-30-57, to 11-23-57 and last saw her/him alive on 11-23-57
✓ Death occurred at 2:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wayne Hart M.D.

22b. ADDRESS 1710 Independence Ave, K.C. Mo

22c. DATE SIGNED 11-23-57

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 11-23-57

23c. NAME OF CEMETERY OR CREMATORY —

23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo.

24. FUNERAL DIRECTOR Prichard Funeral Home **ADDRESS** Excelsior Springs, Mo.

25. DATE RECD. BY LOCAL REG. 11-23-57

26. REGISTRAR'S SIGNATURE Reva Minshall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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. 18 I(c) added fr signed statement of doctor 1-14-58 JH

Wayne Hart

KP 2

D. 2-7-00.

Ex. [illegible]

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 Ralph Van Landingh

Licensed Embalmer No. 4009

P. O. Address Excelsior Springs, M

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.