

pt. Health,  
c., & Welfare  
S. Public  
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V. S. 300  
ev. 1-57 D

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.

securing the medical certificate in the appropriate manner required by 192.149, HB 103-1745.

THE DIVISION OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

FILED JAN 27 1958

47285  
STATE FILE NUMBER  
6208

Registration District No. 149 Primary Registration District No. 1007 Registrar's No.

|   |                                  |   |  |  |   |  |  |  |
|---|----------------------------------|---|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Kansas City</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY OR TOWN<br><b>408 Kansas City</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>General #2</b>   |                                  | Length of stay in lb<br><b>16 yrs.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>2207 E. 28th</b>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Doreatha</b> Middle <b>Grace</b> Last <b>Jackson</b>  |                                  |   |  | 4. DATE OF DEATH<br>Month <b>Dec.</b> Day <b>29</b> Year <b>1957</b>   |   |  |  |  |
| 5. SEX <b>3</b><br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Sept. 9, 1939</b>   | 9. AGE (In years last birthday)<br><b>18 yrs.</b>  | FUNDER 1 YEAR<br>Months Days Hours Min.                                   | IF UNDER 24 HRS.<br>Hours Min.   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At home</b>   |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and state or country)<br><b>Edna, Oklahoma</b>       |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |  |
| 13a. FATHER'S NAME<br><b>L. C. Jackson</b>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Lillie Mae Smith</b>   |  |   | 14. NAME OF HUSBAND OR WIFE  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT<br><b>Lillie Brown, mother</b>   |   | Address<br><b>2207 E. 28th</b>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Rheumatic carditis, etiology undetermined.</u><br>DUE TO (b) <u>rheumatic fever, active</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>delivered full term baby 3 months previous</u> |                                  |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>40 3 E</b>                          |  |  |
| 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<br>Hour _____ Month, Day, Year _____<br>a.m. _____ p.m. _____   |                                  |   |  |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION<br><b>Bristoe, Oklahoma</b>   |   | COUNTY _____ STATE _____   |  |  |
| 21. I attended the deceased from <u>12-9-57</u> to <u>12-29-57</u> and last saw her/him alive on <u>12-29-57</u><br>Death occurred at <u>3:50 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |  |   |  |  |  |
| 22a. SIGNATURE<br><i>W. R. Peterson</i> (Degree or title) <b>D</b>  |                                  |   |  | 22b. ADDRESS<br><b>600 East 22nd Street</b>  |   | 22c. DATE SIGNED<br><b>12-29-57</b>  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |                                  | 23b. DATE<br><b>1-4-58</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>-</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>Bristoe, Oklahoma</b> |  |  |  |
| 24. FUNERAL DIRECTOR<br><b>Watkins Bros. Funeral Hm. 18th &amp; Benton</b>  |                                  |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><b>12-30-57</b>                           | 26. REGISTRAR'S SIGNATURE<br><i>Neve Minshall</i>                          |  |  |

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Bruce R. Watkins* .....

Licensed Embalmer No. *4560* .....

P. O. Address *18th & Bent* .....

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.