

FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1896** *Wm*

BIRTH NO. _____ REG. DIST. NO. **179** PRIMARY REG. DIST. NO. **5667** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Bedford) Rural		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Lincoln County Memorial Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) R.F.D. No 1	

3. NAME OF DECEASED (Type or Print) FRANK JAMES JACKSON			4. DATE OF DEATH Jan 20, 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 23, 1900	9. AGE (In years last birthday) 57
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Switchman For L&N.		10b. KIND OF BUSINESS OR INDUSTRY Railroading	11. BIRTHPLACE (City and State or Foreign Country) New Haven Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE Della Jackson
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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) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Della Jackson	ADDRESS Wentsville MO. R.F.D
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypernephroma Rt Kidney		
	DUE TO (c) Anemia Acquired		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 180X
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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 **Jan 15, 1958**, to **Jan 20, 1958**, that I last saw the deceased alive on **Jan 20, 1958**, and that death occurred at **10:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Norward Karpis	(Degree or title) D.O.T. Fray, Mo	23b. ADDRESS	23c. DATE SIGNED 1-21-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 22, 1958	24c. NAME OF CEMETERY OR CREMATORY Louisville Kentucky	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. B-7 1958	REGISTRAR'S SIGNATURE Nell-S. Schenkein	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Kasper	ADDRESS 4709 Washington Ave St Louis Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 13 1958

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.....
D. W. M. Gray

Licensed Embalmer No. *358*

P. O. Address *Longview*

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.