

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2509**

FILED FEB 5 1958

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence		d. STREET ADDRESS (If rural, give location) 0930	

3. NAME OF DECEASED (Type or Print) a. (First) Maybelle b. (Middle) Helena c. (Last) Jackson			4. DATE OF DEATH (Month) (Day) (Year) Jan. - 26 - 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. - 23 - 1890	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home-Sales lady		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Winsburg Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Charles F. Meyer		13b. MOTHER'S MAIDEN NAME Amanda Sandell		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) No		16. SOCIAL SECURITY NO. 575-03-4618		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bruce Jackson, Appleton City	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of uterus (CERVIX) 2 yrs		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. 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? 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) 171X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 _____, 1955, to **26 Jan 1958**, that I last saw the deceased alive on **27 Jan 1958**, and that death occurred at **10A m.**, from the causes and on the date stated above.

23a. SIGNATURE W. E. [Signature]		23b. ADDRESS Appleton City		23c. DATE SIGNED 27 Jan 58	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN-28-1958	24c. NAME OF CEMETERY Appleton City Cemetery	24d. LOCATION (City, town, or county) (State) Appleton City, Mo.		
DATE REC'D BY LOCAL REG. Jan. 28. 1958	REGISTRAR'S SIGNATURE Chas. Abney	FUNERAL DIRECTOR'S SIGNATURE Melvin L. [Signature]		ADDRESS Appleton City	

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

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
Student Embalmer

Signed Melvin L. Janssens
Licensed Embalmer No. 4529

P. O. Address Appleton City

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.