

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013994
State File No.

FILED MAY 1 1958

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 30

045 4

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

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Howard</u>	
b. CITY OR TOWN <u>Fayette, Missouri</u>	c. LENGTH OF STAY (in this place) <u>30 days</u>	c. CITY OR TOWN <u>Fayette</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Whitlow Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>Rural- Moniteau Twp.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u>	b. (Middle)	c. (Last) <u>JACKMON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 16, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 6, 1886</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Laborer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Jackmon</u>	13b. MOTHER'S MAIDEN NAME <u>Bitha Robinson</u>	14. NAME OF HUSBAND OR WIFE -----
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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) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Vernon Jackmon</u>	ADDRESS <u>22 Switzler Columbia</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>2 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardio-Vascular Disease</u>		
	DUE TO (c) <u>Disease</u>		
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) <u>4201</u>
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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?
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I hereby certify that I attended the deceased from 4-16, 1958, to 4-16, 1958, that I last saw the deceased alive on 4-16, 1958, and that death occurred at 2 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Bloom M.D. Coroner</u>	(Degree or title)	23b. ADDRESS <u>3 Fayette Mo</u>	23c. DATE SIGNED <u>4-23-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/18/1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hilldale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Howard County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-23-58</u>	REGISTRAR'S SIGNATURE <u>Thas K. Shell</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Kalsh A. Carr</u>	ADDRESS <u>Fayette, Missouri</u>
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MAY 5 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..... *Ralph A. Carr*
Licensed Embalmer No. *334*

P. O. Address *Fayette,*

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.