

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018283

STATE FILE NUMBER

FILED JUN 11 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No. 2657

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1015 E. 27th St.		Length of stay in lb 45 Years	d. STREET ADDRESS (If outside, give location) 1015 E. 27th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) John Bernard Jackson			4. DATE OF DEATH Month May Day 24 Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 24, 1895		9. AGE (In years last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Manager		10b. KIND OF BUSINESS OR INDUSTRY Retail Elect. Shop	11. BIRTHPLACE (City and state or country) Troy, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John H. Jackson		13b. MOTHER'S MAIDEN NAME Ella M. Murphy		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war and date of service) Yes Navy W. W. #1		16. SOCIAL SECURITY NO. 487-09-6066		17. INFORMANT Address Mrs. Carl W. Scheller - 4531 Plymouth Court Kan City, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Several Hemorrhage DUE TO (b) Chronic Hypertension DUE TO (c) Coronary arterial atherosclerosis					INTERVAL BETWEEN ONSET AND DEATH 33IX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 COUNTY STATE	
21. I attended the deceased from Three years to 5-27-58 and last saw her alive on 5-19-58 Death occurred at 10:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T. S. BURKE (Name or title) <i>T. S. Burke</i>			22b. ADDRESS M. D 1207 Riatt		22c. DATE SIGNED MAY 26, 58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May, 27, 1958	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Melody McGilley Eylar Lin, & Wood. Kansas City, Mo.			25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON. WRITE IN PENCIL IF POSSIBLE

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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 *J. H. Ryan*
Licensed Embalmer No. *299*

P. O. Address: *100 240*

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.