

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021464

STATE FILE NUMBER

FILED JUN 16 1958

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 169

300
1-57

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WASHINGTON</u>		c. CITY OR TOWN <u>ST. CLAIR</u> ⁶³⁶⁰	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>NONE</u>	
Length of stay in lb <u>24 Hrs.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Fredrick</u> Last <u>JACKSON</u>			4. DATE OF DEATH Month <u>JUN</u> Day <u>4</u> Year <u>1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 1. 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAIL ROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>CHEERY VALEY MINES MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SMITH JACKSON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH JOHNSON</u>	14. NAME OF HUSBAND OR WIFE <u>CORA JACKSON</u>
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>496-18-7639</u>	17. INFORMANT <u>MRS CORA JACKSON</u> Address <u>ST CLAIR, MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>LEFT VENTRICULAR FAILURE</u> DUE TO (b) <u>ARTERIOSCLEROTIC C.V. DISEASE</u> DUE TO (c) <u>4221</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>24 hr</u> <u>??</u>
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 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 <u>6-3-58</u> to <u>6-4-58</u> and last saw ^{her} _{him} alive on <u>6-4-58</u> Death occurred at <u>5:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John J. Pearl, MD</u>		22b. ADDRESS <u>St Clair, Mo.</u>	22c. DATE SIGNED <u>6-5-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>6-7-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Bourbon MO</u>
24. FUNERAL DIRECTOR <u>Norman C. Hoener</u> ADDRESS <u>Cuba, MO</u>		25. DATE REGD. BY LOCAL REG. <u>6/6/58</u>	26. REGISTRAR'S SIGNATURE <u>J. P. ...</u>

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Norman A. Green* Licensed Embalmer No. *4673*

P. O. Address *Cuba, Mo.*

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.