

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025570
State File No.

FILED JUL 17 1958
BIRTH NO.

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3215

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett City mo</u>	
c. LENGTH OF STAY (in this place) <u>12 year</u>		d. STREET ADDRESS (If rural, give location) <u>3415 Chestnut st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3415 Chestnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u>		b. (Middle)	
c. (Last) <u>Jackson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 26 58</u>	
5. SEX <u>3</u> <u>7</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 11, 1883</u>
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Robert Black</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Grant</u>	
14. NAME OF HUSBAND OR WIFE <u>Desmond - unkn</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elsie Spence</u>		ADDRESS <u>3415 Chestnut</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regurgitation</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>410x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>1</u> 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) <u>Kennett Jackson mo</u>			
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?			
22. I hereby certify that I attended the deceased from <u>7/20/58</u> , 19 <u>58</u> , to <u>6/26/58</u> , that I last saw the deceased alive on <u>7/20/58</u> , 19 <u>58</u> , and that death occurred at <u>5</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>1612 E. 12</u>	
23c. DATE SIGNED <u>7/30/58</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>July 1-58</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blue Ridge Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett City mo</u>	
DATE REC'D BY LOCAL REG <u>6-30-58</u>		REGISTRAR'S SIGNATURE <u>Neva Mitchell</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Bradford Mitchell</u>		ADDRESS <u>2501 E. 12</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
J. W. Turner



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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Per B.L. Graham

Signed.....
Student Embalmer

Licensed Embalmer No. *2540*

P. O. Address *2304 Vine St*

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.