

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027077  
STATE FILE NUMBER 7132  
Registrar's No.

FILED AUG 6 1958 Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		c. CITY OR TOWN ST LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 19 PEOPLES		d. STREET ADDRESS (If outside, give location) 217 2917 LACLEDE	
3. NAME OF DECEASED (Type or print) First Middle Last MRS ANNIS JACKSON		4. DATE OF DEATH Month Day Year 7 16 58	
5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-10-1907
9a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) HOUSEWIFE		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 50 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) NATCHEZ MISS, USA
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME AARON CONNER	
13b. MOTHER'S MAIDEN NAME ELIZABAKER		14. NAME OF HUSBAND OR WIFE EARL W. JACKSON	
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.	
17. INFORMANT Miss Lydia Conner		Address 2919 LACLEDE	
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>Carcinoma of Stomach</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Bowel Obstruction</u> DUE TO (c) <u>June 18 1958</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>151x</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Death occurred at <u>154 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from <u>April 15-1958</u> to <u>July 15-1958</u> and last saw her alive on <u>July 15-1958</u>	
22a. SIGNATURE <u>H. J. Moore MD</u>		22b. ADDRESS <u>917-80 18</u>	
22c. DATE SIGNED <u>July 18 58</u>		22d. ADDRESS	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>7-21-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>ST PETERS</u>		23d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>Bennie Jone</u>		ADDRESS <u>3103 Washington</u>	
25. DATE RECD. BY LOCAL REG. <u>JUL 19 58</u>		26. REGISTRAR'S SIGNATURE <u>Earl Smith - MD</u>	

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 *H. Claude Gors* .....

Licensed Embalmer No. *348* .....

P. O. Address *4575 Al* .....

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.