

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035835

STATE FILE NUMBER

FILED NOV 3 1958 Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY CLINTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CLINTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN CAMERON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CAMERON HOSP.			Length of stay in 1b			d. STREET ADDRESS (If outside, give location) 726 S. PARK.	
3. NAME OF DECEASED (Type or print) First Middle Last George J. JACKSON				4. DATE OF DEATH Month Day Year Oct. 26. 1958			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 19-1930	
9. AGE (In years last birthday) 27		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.		12. CITIZEN OF WHAT COUNTRY? USA.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER				10b. KIND OF BUSINESS OR INDUSTRY General		11. BIRTHPLACE (City and state or country) CAMERON MO.	
13. FATHER'S NAME Joshua JACKSON				14. MOTHER'S MAIDEN NAME SERENA TAPP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year and dates of service)		16. SOCIAL SECURITY NO. -		17. INFORMANT Address Mrs. SERENA TAPP JACKSON CAMERON 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) Coronary Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 30 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4201							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (7) Spinal paralysis, following Thrombosis 10 yrs 7 mos							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 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 8-27-58 to 10-26-58 and last saw her/him alive on 8-29-58 Death occurred at 10:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) St. Wetherston MD				22b. ADDRESS Cameron Mo		22c. DATE SIGNED 10-27-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-28-58	23c. NAME OF CEMETERY OR CREMATORY backard Cemetery		23d. LOCATION (City, town, or county) (State) CAMERON MO		
24. FUNERAL DIRECTOR ADDRESS DeMoss CRUNK CAMERON, MO			25. DATE RECD. BY LOCAL REG. Oct 30-58		26. REGISTRAR'S SIGNATURE Francis D Crawford		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-21

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 *Edmond Bennett*.....

Licensed Embalmer No. *257*

P. O. Address *Cameroon*

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.