

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039296

STATE FILE NUMBER

FILED DEC 9 1958

Registration District No. 75

Primary Registration District No. 3015

Registrar's No. 139

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAMERON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>CAMERON</b> 0250 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>		Length of stay in lb <b>9</b>	d. STREET ADDRESS (If outside, give location) <b>725 S. PARK</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Francis Jackson</b>			4. DATE OF DEATH Month Day Year <b>Nov. 30 1958</b>
5. SEX <b>Male</b> 2	6. COLOR OR RACE <b>colored</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May-16-1949</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>SCHOOL</b>	9. AGE (In years last birthday) <b>9</b> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>CAMERON MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	
13a. FATHER'S NAME <b>Joshua Jackson</b>		13b. MOTHER'S MAIDEN NAME <b>SERNEA Tapp</b>	
14. NAME OF HUSBAND OR WIFE <b>—</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT <b>Mr. Sernea Jackson</b> Address <b>CAMERON MO</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse</b> DUE TO (b) <b>Suffocation</b> DUE TO (c) <b>Gun</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b> <b>?</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <b>9160</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Trooped in burning house</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>2:30 11-30-58</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	
20e. CITY, TOWN, OR LOCATION <b>Cameron</b>		20f. COUNTY STATE <b>Clinton MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <b>3:30 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Ed W. Brown, D.O. Coroner</b>		22b. ADDRESS <b>Lathrop, Mo.</b>	
22c. DATE SIGNED <b>11-30-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>Dec 2 - 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>hackard CEMOTERY</b>	23d. LOCATION (City, town, or county) (State) <b>CAMERON - MO.</b>
24. FUNERAL DIRECTOR <b>DeMoss CRANK</b> ADDRESS <b>CAMERON MO</b>		25. DATE RECD. BY LOCAL REG. <b>Dec 1 - 58</b>	26. REGISTRAR'S SIGNATURE <b>Francis D Crawford</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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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 *James Cameron* .....

Licensed Embalmer No. *2533* .....  
P. O. Address *Cameron* .....

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.