

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039731  
STATE FILE NUMBER

FILED DEC 1 1958

Registration District No. 140 Primary Registration District No. 3020 Registrar's No. 99

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <i>Howard</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howard</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fayette</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Glasgow</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location): HOSPITAL OR INSTITUTION		Length of stay in lb <i>2 wks</i>	d. STREET ADDRESS (If outside, give location) <i>645 0</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Jessie</i> Middle <i>Jackson</i> Last			4. DATE OF DEATH Month <i>Oct.</i> Day <i>30</i> Year <i>1958</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept 4-1882</i>	9. AGE (In years last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>2</i> Days <i>26</i>
10a. USUAL OCCUPATION (Give kind of work done during last working life, even if retired) <i>Hotel</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Hotel</i>	11. BIRTHPLACE (City and state or country) <i>Glasgow</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Jerry Jackson</i>		13b. MOTHER'S MAIDEN NAME <i>Emma Lewis</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>Not available</i>	17. INFORMANT <i>Emmett Jackson</i> Address <i>317 N. Roage</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac decompensation</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 mos.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>left heart hypertrophy</i>					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Thrombosed ulcers both ankles</i>					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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>Sept 23-1958</i> to <i>Oct. Sept 29</i> and last saw him alive on <i>Oct. Sept. 29-58</i> Death occurred at <i>6:30 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Mr. G. Shaw</i> (Degree or title) <i>M.D.</i>			22b. ADDRESS <i>Fayette Mo.</i>		22c. DATE SIGNED <i>11-12-58</i>
23a. BURIAL, CREMATION, DISPOSAL (Specify)		23b. DATE <i>Nov 4, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lincoln</i>		23d. LOCATION (City, town, or county) (State) <i>Glasgow Mo</i>
24. FUNERAL DIRECTOR <i>Audley - Fremont</i>		25. DATE RECD. BY LOCAL REG. <i>11-12-58</i>	26. REGISTRAR'S SIGNATURE <i>Mary K. Shell</i>		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE, IF POSSIBLE  
MEDICAL CERTIFICATION

color, counter, etc., may use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Charles T. Penham*

Licensed Embalmer No. *5028*

P. O. Address *Wagon, N*

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.