

53749-58

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046934
STATE FILE NUMBER

FILED DEC 30 1958 Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY STODDARD	
b. CITY OR TOWN BELL CITY RT. 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN BELL CITY RT. 1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BELL CITY RT. 1 Length of stay in lb 4 1/2 Month		d. STREET ADDRESS (If outside, give location) BELL CITY RT. 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Debra Middle Ann Last Jackson			4. DATE OF DEATH Month 12 Day 13 Year 58		
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5. SEX 3 FEMALE	6. COLOR OR RACE NEGRO	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7/17/58	9. AGE (In years last birthday) 4 MONTHS 27 DAYS	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Mo. Bell City, Stoddard Co.	12. CITIZEN OF WHAT COUNTRY? Native
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13a. FATHER'S NAME WILLIE JACKSON	13b. MOTHER'S MAIDEN NAME ROSILE BARNES	14. NAME OF HUSBAND OR WIFE
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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. None	17. INFORMANT Rosie Lee Jackson Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 490X		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 cause of injury in PART I or PART II of item 18.) ITEM 3, 7, 10a, 10b, 11, 12, 15, 16 CORRECTED BY AFFIDAVIT OF Funeral Director 1-6-59
20c. TIME OF INJURY Hour _____ 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
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21. I attended the deceased from **9 Dec 58** to **13 Dec 58** and last saw her ^{him} alive on **13 Dec 58**
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) John L. Sample M.D.	22b. ADDRESS Charleston Mo	22c. DATE SIGNED 17 Dec 58
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 12-16-58	23c. NAME OF CEMETERY OR CREMATORY Pilgrimage Rest	23d. LOCATION (City, town, or county) (State) N. W. Likerton Mo.
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24. FUNERAL DIRECTOR W. J. Smith ADDRESS 1212 Mend	25. DATE RECD. BY LOCAL REG. 12-24-58	26. REGISTRAR'S SIGNATURE Dors. George L. Baker
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
1-57

of symptoms will be listed.

JAN 6 1959

DEC 31 1958

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 *Fred J. Smith*

Licensed Embalmer No. *4408*
P. O. Address *Sikeston*

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.