

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001605

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 34

| | | | |
|---|------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | c. CITY OR TOWN INDEPENDENCE | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 416 E. College | | d. STREET ADDRESS (If outside, give location) 1016 S. Dodgson | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Margaret Eileen JACKSON | | 4. DATE OF DEATH Month Day Year Jan 18, 1959 | |
| 5. SEX Female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 19, 1917 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY HOME | 11. BIRTHPLACE (City and state or country) KATHROP MO |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Grace O. Lewis | |
| 13b. MOTHER'S MAIDEN NAME Helen BRAWNER | | 14. NAME OF HUSBAND OR WIFE divorced | |
| 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. 200-12-4505 | |
| 17. INFORMANT Mrs. Helen BRAWNER | | Address INDEPENDENCE 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) Septic Pneumonia, hypertensive Multiple sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) | | | 19. INTERVAL BETWEEN ONSET AND DEATH 1 wk. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345X | | | 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 AT <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 11-15-58 to Jan 18-59 and last saw her alive on Jan. 1, 1959 Death occurred at 833 am on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Norman Mahone M.D. | | 22b. ADDRESS Independence Mo | |
| 22c. DATE SIGNED Jan. 20, '59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 1-20-59 | |
| 23c. NAME OF CEMETERY OR CREMATORY KATHROP CEMETERY | | 23d. LOCATION (City, town, or county) KATHROP MO. | |
| 24. FUNERAL DIRECTOR DeMoss CRUNK, CAMERON MO | | 25. DATE RECD. BY LOCAL REG. 1-20-59 | |
| 26. REGISTRAR'S SIGNATURE James S. Gray | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

ALL diseases in Part I must be causally related.

FEB 9 1934

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 *Harold L. Casper*

Licensed Embalmer No. *4588*
P. O. Address *Lexington, Mass*

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.