

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-003108
STATE FILE NUMBER
2 1002

FILED FEB 10 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5036 Northland			Length of stay in 1b 2 years	d. STREET ADDRESS (If outside, give location) 5036 Northland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARTH A Middle JANE Last JACKSON				4. DATE OF DEATH Month Day Year January 26, 1959			
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 5, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) Lebanon, Tenn. /		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Thomas Stokes		13b. MOTHER'S MAIDEN NAME Sarah ?		14. NAME OF HUSBAND OR WIFE Andrew T. Jackson			
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 Eva Jane Bemiss		Address 5036 Northland		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease with Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive Failure DUE TO (c) 420.0						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 12/24/56, to 1/26/59 and last saw her alive on 1/11/59 Death occurred at 10:00 p.m. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Name or title) Wmroe N. Little M.D.				22b. ADDRESS 3167 Sheridan Avenue		22c. DATE SIGNED 1/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-29-59	23c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery		23d. LOCATION (City, town, or county) Champaign, Illinois		(State)	
24. FUNERAL DIRECTOR Charles J. Gates		ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. JAN 28 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

mjc

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 *Geoffrey Devan*

Licensed Embalmer No. 4580
P. O. Address 4107 Finney Av

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.