

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007262
STATE FILE NUMBER
Registrar's No. 1255

Registration District No. Primary Registration District No. Registrar's No.

300
-57
9.3
0

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 type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis, Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 1154 Walton Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Juanita Jackson			4. DATE OF DEATH Month Day Year 2 2 59			
---	--	--	--	--	--	--

5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-4-1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months Days 0 20	IF UNDER 24 HRS. Hours Min. 0 0
--------------------	---------------------------	--	------------------------------	---------------------------------------	--	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during life, if retired) Hospital Patient	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME John Farris	13b. MOTHER'S MAIDEN NAME Ella Brown	14. NAME OF HUSBAND OR WIFE Deceased
-----------------------------------	---	---

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. ?	17. INFORMANT Address A.R. Hughes, 1154 Walton Ave.
--	------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tumor Mass in Hepatic Flexure of Colon Intestinal obstruction Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH Undet.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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 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 1-24-59 to 2-2-59 and last saw her alive on 2-2-59 Death occurred at 8:20 P m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) J. H. Hughes M.D.	22b. ADDRESS 2601 Whittier Street	22c. DATE SIGNED 2-4-59
---	--------------------------------------	----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-9-59	23c. NAME OF CEMETERY OR CREMATORY Greenwood	23d. LOCATION (City, town, or county) (State) St. Louis, County Missouri
--	---------------------	---	---

24. FUNERAL DIRECTOR Ellis Funeral Home, 2820 Stoddard St.	25. DATE RECD. BY LOCAL REG. FEB 5 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St. Louis*

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.