

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007263

STATE FILE NUMBER

339

FILED FEB 24 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

| | | | |
|---|--|---|---|
| 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 ENROUTE #1 Hospt. | | Length of stay in lb 39 Years | d. STREET ADDRESS (If outside, give location) 2008 COLE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | | |
|---|---------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First LAWRENCE Middle E Last JACKSON | | | 4. DATE OF DEATH Month 1 / Day 7th / Year 1959 | | | |
| 5. SEX MALE 2 | 6. COLOR OR RACE COL. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5 / 5 / 1909 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months 8 Days 2 | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AUTO MACHANIC | | 10b. KIND OF BUSINESS OR INDUSTRY QUALITY DAIRY CO | | 11. BIRTHPLACE (City and state or country) WENTZVILLE MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |
| 13. FATHER'S NAME CHARLIE JACKSON | | | 14. MOTHER'S MAIDEN NAME MAGGIE JOHNSON | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE | | 16. SOCIAL SECURITY NO. 490-22-0964 | 17. INFORMANT LEONA HARSHAW Address 523, So. Garrison 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) Gunshot wound of the Heart | | INTERVAL BETWEEN ONSET AND DEATH | |
| 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. supposed when shot with | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 20a. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I) or Part II of item 18) Shot in the hands of one of the boys | | | |
| 20b. TIME OF INJURY Hour 9:20 Month 1 Day 7 Year 1959 p. m. | | | |
| 20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) Home | |
| 20e. CITY, TOWN, OR LOCATION St Louis Mo | | STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. 9:35 | | | |
| 22a. SIGNATURE Patrick Taylor Currier (Degree or title) | | 22b. ADDRESS 1300 Clark | |
| 22c. DATE SIGNED 1.8.59 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 1/14/59 | |
| 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) Wentzville Missouri | |
| 24. FUNERAL DIRECTOR John J. Houston ADDRESS 2812, Thomas ST. | | 25. DATE RECD. BY LOCAL REG. JAN 12 '59 | |
| | | 26. REGISTRAR'S SIGNATURE Paul Smith MD mfb | |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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36
38
40

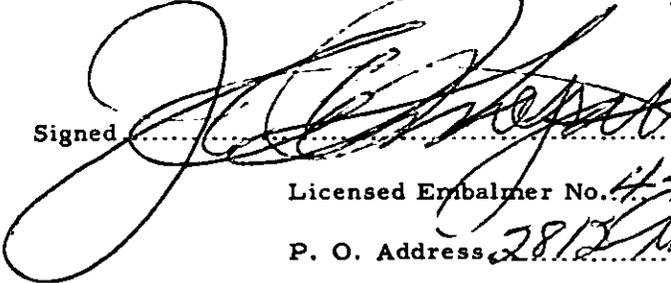
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STATEMENT BY LICENSED EMBALMER

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 .....

Licensed Embalmer No. 4.....

P. O. Address 2812 N.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.