

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008954

STATE FILE NUMBER

FILED APR 1 1956

Registration District No. 109

Primary Registration District No. 4180

Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) Campbell		c. CITY OR TOWN Campbell	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 602 W. Martin		d. STREET ADDRESS (If outside, give location) 602 W. Martin	

3. NAME OF DECEASED (Type or print) First JOHN Middle FLETCHER Last JACKSON	4. DATE OF DEATH Month MARCH Day 19 Year 1959
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1873	9. AGE (In years last birthday) 85	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Merchant	11. BIRTHPLACE (City and state or country) Campbell, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Jackson	13b. MOTHER'S MAIDEN NAME Eliza Gault	14. NAME OF HUSBAND OR WIFE Beulah Jackson
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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 Millie Ragsdale, Cape Girardeau, Mo.
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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) Cardiac failure Carcinoma of prostate.		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 (a)		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.) 1772
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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 Campbell, Missouri	COUNTY Dunklin	STATE Missouri
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21. I attended the deceased from Death occurred at 3/19/59 10 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (In full name or title) Byron L. Franklin	22b. ADDRESS 100	22c. DATE SIGNED 3/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar. 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Tucker Cemetery	23d. LOCATION (City, town, or county) (State) Campbell, Missouri, Rte. 2
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24. FUNERAL DIRECTOR Landess Funeral Home, Campbell, Mo.	25. DATE RECD. BY LOCAL REG. 3-25-59	26. REGISTRAR'S SIGNATURE Mrs. Beulah Campbell
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, laborer, etc. must use only standard nomenclature in item 18. No symptoms were observed. 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 *Christine M. Landrum*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, Mo*

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.