

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014568

STATE FILE NUMBER

FILED APR 29 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 160

300
1-57

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Stony Point
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre		Length of stay in lb 21 Days	d. STREET (If outside, give location) ADDRESS None, Highway 8
3. NAME OF DECEASED (Type or print) Dorthy Rosetta Jackson		4. DATE OF DEATH Month April Day 20 Year 1959	

5. SEX Female	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 May 16, 1923	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
-------------------------	----------------------------------	---	---	--	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Taylor Springs Ill.	12. CITIZEN OF WHAT COUNTRY? USA
---	--	--	--

13a. FATHER'S NAME George Edwin Bowen	13b. MOTHER'S MAIDEN NAME Bertha Mae Davis	14. NAME OF HUSBAND OR WIFE Robert 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. 487-24-4918	17. INFORMANT Address Robert Jackson Stony Point, 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) Carcinoma of the rectum with generalized metastases		INTERVAL BETWEEN ONSET AND DEATH 6 mos
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) 154X		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 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 **Dec. 1958** to **April 20, 1959** and last saw her alive on **April 20, 1959**
Death occurred at **11:45 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George L. Walker M.D.	(Degree or title)	22b. ADDRESS Farmington Mo.	22c. DATE SIGNED 4-22-59
--	-------------------	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 23, 59	23c. NAME OF CEMETERY OR CREMATORY Hopewell, Cemetery	23d. LOCATION (City, town, or county) Hopewell, Missouri	(State)
--	----------------------------------	---	--	---------

24. FUNERAL DIRECTOR Bert L Boyer	ADDRESS Leadwood, Missouri	25. DATE RECD. BY LOCAL REG. Apr. 23, 1959	26. REGISTRAR'S SIGNATURE Ether Rudloff
---	--------------------------------------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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 
Licensed Embalmer No. 3445
P. O. Address Leadwood 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.