

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017776
STATE FILE NUMBER
2122

DECEASED MAY 21 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2122

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4134 College		Length of stay in 1b 10 yrs.	d. STREET ADDRESS (If outside, give location) 4134 College		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First VIVIAN Middle MARIE Last JACKSON			4. DATE OF DEATH Month Day Year April 25, 1959		
5. SEX Female	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 August 25, 1910	9. AGE (In years last birthday) 38 yrs. 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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sedalia, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Marion Gilbert Lyles		13b. MOTHER'S MAIDEN NAME Cora Ann Ora		14. NAME OF HUSBAND OR WIFE Samuel R. 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. 304-26-1171		17. INFORMANT Samuel Jackson 4134 College	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the liver</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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)					INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
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.) 1561		
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 <u>4-14-59</u> to <u>4-25-59</u> and last saw her alive on <u>4-25-59</u> Death occurred at <u>6:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. J. Marshall M.D.</u> (Degree or title)			22b. ADDRESS <u>2206 1/2 E 18 St. N.W. Mo</u>		22c. DATE SIGNED <u>4-27-59</u>
23a. BURIAL, CREMATION, REBURY AL (Specify) <u>Burial</u>		23b. DATE <u>4-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. St. Mary's Cemetery</u>		23d. LOCATION (City, town, or country) (State) <u>Kans. City, Missouri</u>
24. FUNERAL DIRECTOR <u>Watkins Bros. Funeral Home 18th & Benton</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>4-28-59</u>	26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE



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 *Dwight P. Watkins*

Licensed Embalmer No. *4500*
P. O. Address *18th & Beute*

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.