

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027859

FILED VS JUL 20 1959

STATE FILE NUMBER

Registration District No. 38-1 Primary Registration District No. 4515 Registrar's No. 65

DED X
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Milan</u>		Length of stay in 1b <u>3 days</u>		c. CITY OR TOWN <u>Galt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>SCM Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILBUR EVANS JACKSON</u>				4. DATE OF DEATH Month Day Year <u>7-10-1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>5-20-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Galt Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ewan</u>		13c. NAME OF HUSBAND OR WIFE <u>Raddie Wilford</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>493-42-3233</u>		17. INFORMANT Address <u>Mrs Raddie Jackson Galt Mo</u>			
18. CAUSE OF DEATH (Enter only cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock due to Car accident 7/8/59</u>						INTERVAL BETWEEN ONSET AND DEATH <u>7-10-59</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Fracture Vertebrae, Lumbosacral, head contusions & lacerations</u>						DUE TO (c) <u>Car accident 7/8/59 - Fracture left hip</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chronic glomerulonephritis, prostaticitis</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Collision of cars</u>					
20c. TIME OF INJURY Hour Month, Day, Year <u>5-7-8-59</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 139</u>		20f. CITY/TOWN, OR LOCATION <u>South of Berry Run Mo</u>		COUNTY <u>Galt</u>		STATE <u>Mo</u>	
21. I attended the deceased from <u>July 12 1958</u> to <u>July 10 1959</u> and last saw her/him alive on <u>July 10-59</u>				Death occurred at <u>12</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. Eitel D.D.</u>			22b. ADDRESS <u>Galt Mo.</u>			22c. DATE SIGNED <u>7/10/59</u>	
23a. BURIAL (Cremation, Removal, Specify) <u>Burial</u>	23b. DATE <u>7-13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Berry Cem.</u>		23d. LOCATION (City, town, or county) <u>Galt Mo</u>		(State)	
24. FUNERAL DIRECTOR ADDRESS <u>PK Payne Son Galt Mo</u>			25. DATE RECD. BY LOCAL REG. <u>7-13-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckett</u>		

38 1171

VS OCT 29 1959

BAN 24 1961

R. W. ELLIOTT
P. O.
Galt, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

R. W. Elliott

Licensed Embalmer No. 3400

P. O. Address Galt 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.