

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

79-028866

FILED VS AUG 31 1959

Registration District No. 139 Primary Registration District No. _____ Registrar's No. 43

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Holt				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Holt					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Forest Township		Length of stay in 1b 13 years		c. CITY OR TOWN Forest City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Two Miles Northwest of Forest City, Missouri			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) No 2 miles SW of Forest City, Mo.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CECELIA Middle LENA Last JACKSON				4. DATE OF DEATH Month August Day 25 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 1/25/12	9. AGE (last birthday) 47	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR 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) Garnett, Kansas		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Fred Peine			13b. MOTHER'S MAIDEN NAME Sophia Mader			14. NAME OF HUSBAND OR WIFE Merle 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. none		17. INFORMANT Merle C. Jackson, Forest City, Mo. Address _____				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebrovascular Accident							INTERVAL BETWEEN ONSET AND DEATH few minutes		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral Hemorrhage					"		
		DUE TO (c) Subarachnoid Hemorrhage					"		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Post Operative Carcinoma Uterus						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 _____ a.m. _____ p.m. Month, Day, Year _____		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		COUNTY	STATE
21. I attended the deceased from <u>July 1, 1954</u> to <u>Aug 25, 1959</u> and last saw her/him alive on <u>Aug 25, 1959</u> Death occurred at <u>5 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>J. F. Swearing</i> (Degree or title) M.D.				22b. ADDRESS Oregon, Missouri			22c. DATE SIGNED 8/26/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/28/1959	23c. NAME OF CEMETERY OR CREMATORY Forest City Cemetery		23d. LOCATION (City, town, or county) (State) Forest City, Missouri				
24. FUNERAL DIRECTOR <i>James H. Pettigrew</i> ADDRESS Oregon, Mo.			25. DATE RECD. BY LOCAL REG. 8-27-1959		26. REGISTRAR'S SIGNATURE <i>James H. Crawford</i>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James H. Pettigrew

Licensed Embalmer No. 3192

P. O. Address Oregon 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.