

UNIFORM DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035151

FILED VS OCT 20 1959

STATE FILE NUMBER

Registration District No. 022 Primary Registration District No. _____ Registrar's No. 66

ENDED

1. PLACE OF DEATH a. COUNTY Bollinger			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bollinger		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville,		Length of stay in 1b 4 Yes.	c. CITY OR TOWN Marble Hill,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			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 type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Gracie Middle Cordelia Last Jackson			4. DATE OF DEATH Month 10 Day 10 Year 59		
5. SEX Female	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/17/86	9. AGE (last birthday) 72	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 Bollinger County		11. BIRTHPLACE (City and state or country) USA	
13a. FATHER'S NAME N. E. Rea		13b. MOTHER'S MAIDEN NAME Gracie Williams		14. NAME OF HUSBAND OR WIFE L. M. 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 Verdel Jackson, Marble Hill, 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) Transition and Rehabilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Thrombosis hemiplegia DUE TO (c) Apoplexy (Arteriosclerosis)					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years 1 1/2 years 10-15 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Decubital ulcer (large hip).				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 type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> none		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ s.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 May 5, 1958 to October 10, 1959 and last saw her live on October 5, 1959 Death occurred at 11:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) W. J. Treas, D.O.		22b. ADDRESS Lutesville Mo.		22c. DATE SIGNED 10-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-13-59	23c. NAME OF CEMETERY OR CREMATORY Baker Cem.		23d. LOCATION (City, town, or county) (State) Bollinger County, Mo.
24. FUNERAL DIRECTOR Gene Ward, Lutesville, Mo.		25. DATE RECD. BY LOCAL REG. 10-16-59		26. REGISTRAR'S SIGNATURE Mrs. Buford Crader	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SA 100 22 1959

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 Kenneth Liley Student Embalmer No. 579
working under my personal supervision.

Student Kenneth Liley
Signature of Student Embalmer

Signed R. O. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, Miss

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.