

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038618

FILED VS. OCT 16 1959 328

Registration District No. 6118

Primary Registration District No. 38

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Scott	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PEYMINIS	Length of stay in 1b 30 yrs	c. CITY OR TOWN PEYMINIS	Inside limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		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 SAM Middle BOLIN Last JACKSON			4. DATE OF DEATH Month Oct. Day 4 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 10-30-1886	9. AGE (last birthday) 72	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) Stoddard Co. Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES JACKSON		13b. MOTHER'S MAIDEN NAME SUSAN CREWS	14. NAME OF HUSBAND OR WIFE None		

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 Address Mr. Harry Hobbs, Cape Girardeau, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ulcer of stomach.		INTERVAL BETWEEN ONSET AND DEATH 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Do not know	DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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
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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 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 Oct 2 - '59 to Oct 4 '59 and last saw her alive on Oct. 2 '59	Death occurred at Oct 4 - '59 on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Wm Davault MD	22b. ADDRESS Delta Mo	22c. DATE SIGNED Oct 7 - '59
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 10-6-59	23c. NAME OF CEMETERY OR CREMATORY York Point
	23d. LOCATION (City, town, or county) Stoddard Co. Mo.	(State)

24. FUNERAL DIRECTOR ADDRESS Wm H Morgan Advance, Mo.	25. DATE RECD. BY LOCAL REG. Oct 10 - 59	26. REGISTRAR'S SIGNATURE Mrs Paul Bisplinghoff
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS 87130 SN

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 W^m H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, N

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.