

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-039557

FILED VS. NOV 23 1959

STATE FILE NUMBER

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 250

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington, Mo.</u>		Length of stay in 1b <u>15 days</u>		c. CITY OR TOWN <u>St. Clair, Mo.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>R. R. # 2</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Clarence</u> Middle <u>F.</u> Last <u>Jackson.</u>				4. DATE OF DEATH Month <u>Nov.</u> Day <u>12,</u> Year <u>1959</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>Mar. 15, 1868</u>	9. AGE (last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Famous - Barr Store St. Louis, Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Brathville, Ala.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>William Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Harbor</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Marinda Jackson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-16-6059</u>		17. INFORMANT <u>Marinda F. Jackson St. Clair</u>		Address <u>Mo. 48 hrs</u>		
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>LEFT VENTRICULAR FAILURE</u> DUE TO (b) <u>FRACTURED HIP</u> DUE TO (c) <u>2 wks</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerotic C.V. Disease</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 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>FELL AT HOME</u>				
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>		Month, Day, Year <u></u>						
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>1952</u> to <u>Death</u> and last saw her/him alive on <u>11-12-59</u> Death occurred at <u>1:00</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>Sherrwood W. Kitchell</u> (Degree or title)				22b. ADDRESS <u>St. Clair, Mo</u>		22c. DATE SIGNED <u>11-13-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 15, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kemper Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Clair, Missouri</u>			
24. FUNERAL DIRECTOR: <u>Sherrwood W. Kitchell</u> ADDRESS <u>St. Clair, Mo</u>				25. DATE REC'D. BY LOCAL REG. <u>11/15/59</u>		26. REGISTRAR'S SIGNATURE <u>J. E. Hubmann</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1959 SA

JAN 23 1961

MAR 23 1961

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 Shemuel W. Mitchell

Licensed Embalmer No. 3873

P. O. Address St. Clair, 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.