

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 9 2 1

FILED VS DEC 28 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1381

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		Length of stay in 1b <u>2 DAYS</u>	c. CITY OR TOWN <u>Mt. View</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Burge Hasa</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>No street address</u>

3. NAME OF DECEASED (Type or print) First <u>Stuart</u> Middle <u>Jackson</u> Last <u>Jackson</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>19</u> Year <u>1959</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-17-59</u>	9. AGE (last birthday) Months <u>1</u> Days <u>2</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></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>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Howell County, USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Vilbert Jackson</u>		13b. MOTHER'S MARDEN NAME <u>Inogene Potts</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>None</u>		17. INFORMANT Address <u>Hospital Records</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Convulsive seizures</u>			<u>1 day.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Hypodectrolytemia</u>		<u>3 days</u>
	DUE TO (c) <u>Gastroenteritis, acute</u>		<u>3 days</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>morbid infection of mouth, dehydration</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 checked="" type="checkbox"/> NO <input 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 <u></u> a.m. <u></u> p.m. <u></u>		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 11-17-59 to 12-20-59 and last saw him alive on 12-20-59
Death occurred at 8:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>David A. Thomson M.D.</u>		22b. ADDRESS <u>1630 N Jefferson</u>		22c. DATE SIGNED <u>12-24-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>12-20-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>		23d. LOCATION (City, town, or county) (State) <u>Mt. View, MO.</u>
24. FUNERAL DIRECTOR <u>DUNCAN</u>		ADDRESS <u>Mt. View, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>12-24-59</u>	26. REGISTRAR'S SIGNATURE <u>Effie S. Meeton</u>

(Licensed Embalmer's Statement on Reverse Side)

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 Gene B. Hain

Licensed Embalmer No. 44737

P. O. Address Spk, Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.