

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-006042

FILED VS MAR 2 1960 138

Primary Registration District No. 5526

Registrar's No. 8

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>HICKORY</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>HICKORY</u>		
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>STARK</u>		Length of stay in 1b <u>6895</u>	c. CITY OR TOWN		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>2 mi N.E. Preston, MO</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2 mi N.E. Preston, MO.</u>	
3. NAME OF DECEASED (Type or print) First <u>Arlie</u> Middle <u>Jackson</u> Last <u>Jackson</u>			4. DATE OF DEATH Month <u>Feb</u> Day <u>20</u> Year <u>1960</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>Sept-18-1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>2</u> Hours <u>5</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Hickory Co, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>William H. Jackson</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huffman</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>yes</u> <u>WWI</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Willard Creach</u> Address <u>Preston, MO.</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>Coronary embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>Death sudden</u> and last saw her <u>him</u> alive on _____ Death occurred at <u>2:30</u> <u>7</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C.D. Bailey</u>			22b. ADDRESS <u>Urban, Mo</u>		22c. DATE SIGNED <u>Feb 21 1960</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-22-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fisher Cem</u>		23d. LOCATION (City, town, or county) <u>Hickory Co MO.</u>	
24. FUNERAL DIRECTOR <u>Allen W. Vaughan</u>		ADDRESS <u>Urban, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>2/20/1960</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 12 1965

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 Allen W. Vaughan

Licensed Embalmer No. 4156

P. O. Address Urbana, Ill.

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.