

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-009183

FILED VS MAR 3 1960 517

Registration District No. 517 Primary Registration District No. 541 Registrar's No. 431

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (When deceased lived. If institution: Residence before admission) a. STATE MICHIGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON MO		Length of stay in 1b 12 days	c. CITY OR TOWN DETROIT Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 271 WESTMINSTER Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Minnie Middle Jackson Last Jackson			4. DATE OF DEATH Month Feb. Day 4 Year 1960			
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 12 1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 68 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) DOMESTIC		10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK		11. BIRTHPLACE (City and state or country) MONTGOMERY ALA.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME LEROY BRODINE		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE JOHN JACKSON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give unit or dates of service) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Roberta Watkins Rt 1 Box 492 Robertville Mo	

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) Hypertensive Cardiovascular disease			
DUE TO (b) General arteriosclerosis			
DUE TO (c)			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Mania - Chronic psychosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 8:04 Month, Day, Year 1-23-60	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 CLAYTON MO COUNTY CLAYTON STATE MO

21. I attended the deceased from **1-23-60** to **2-11-60** and last saw her **alive** on **2-11-60**
Death occurred at **8:04 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Morris Gordon MD		22b. ADDRESS 6015 Brentwood, Clayton Mo		22c. DATE SIGNED 2-5-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-13-60	23c. NAME OF CEMETERY OR CREMATORY Robertville Cemetery	23d. LOCATION (City, town, or county) (State) Robertville Mo	
24. FUNERAL DIRECTOR J. J. Vandell & Sons 1776 Kirkwood		25. DATE RECD. BY LOCAL REG. 2-10-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

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 Andrew J. Spande

Licensed Embalmer No. 4243

P. O. Address 1306 Elder
Wester

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.