

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014364

STATE FILE NUMBER

XC-1556271-443 NO. A-2321

3007

Registrar's No. 222

FILED VS APR 22 1960

1. PLACE OF DEATH a. COUNTY BUTLER b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF Length of stay in lb 15 YEARS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BUTLER c. CITY OR TOWN POPLAR BLUFF Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 1042 ALICE STREET Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First THOMAS Middle ALLEN Last JACKSON		4. DATE OF DEATH Month APRIL Day 3 Year 1960	

5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/3/97	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
------------------------------	---	---	--	--	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN	10b. KIND OF BUSINESS OR INDUSTRY MUSIC	11. BIRTHPLACE (City and state or country) CLEVELAND, MISSISSIPPI	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	--	---

13a. FATHER'S NAME JAKE JACKSON	13b. MOTHER'S MAIDEN NAME ROSE ROUSE	14. NAME OF HUSBAND OR WIFE EARLINE JACKSON
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address POPLAR BLUFF, MO. WIFE MRS. EARLINE JACKSON, 1042 ALICE ST.
--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT SIDED HEART FAILURE. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) COR PULMONALE. DUE TO (c) CYSTIC DISEASE LUNGS WITH PULMONARY EMPHYSEMA.	INTERVAL BETWEEN ONSET AND DEATH 24 Hours Several yrs. Several yrs.
---	---

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 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 _____ 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 March 29, 1960 **to** April 3, 1960 **and last saw him** alive on _____
Death occurred at 9:30 A.M. **on** the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) ERNEST M. TAPP, M.D., Director, Prof. Svcs. VA Hospital, Poplar Bluff, Mo.	22b. ADDRESS _____	22c. DATE SIGNED 4/4/60
--	------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 7, 1960	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri
---	--	---	---

24. FUNERAL DIRECTOR ADDRESS Peoples, 1206 Alice, PoplarBluff, Mo.	25. DATE RECD BY LOCAL REG. 4/11/60	26. REGISTRAR'S SIGNATURE
---	--	--------------------------------------

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

JUN 14 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Fred J. Smith

Licensed Embalmer No. 4408

P. O. Address Sikeston

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.