

**FEDERAL BUREAU OF INVESTIGATION  
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
FILED VS JUL 29 1960

**-60-027478**

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. <u>Lafayette</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lexington</u>		Length of stay in 1b <u>60 Yr.</u>		c. CITY OR TOWN <u>Lexington</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lexington Memorial</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>113 S. 24th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank Jackson Sr.</u>				4. DATE OF DEATH Month Day Year <u>July 6, 1960</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Dec-26-1889</u>		9. AGE (last birthday) <u>70</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garment Cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Garment Manuf.</u>		11. BIRTHPLACE (City and state or country) <u>Higginsville, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					
13a. FATHER'S NAME <u>Wilder Jackson</u>				13b. MOTHER'S MAIDEN NAME <u>Unknown</u>				14. NAME OF HUSBAND OR WIFE <u>Bertha Walton</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>487-05-0325</u>		17. INFORMANT Address <u>Mrs. Bertha Jackson Lexington, 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>Acute coronary thrombosis</u>										INTERVAL BETWEEN ONSET AND DEATH <u>15 hrs.</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Previous attacks about 1950</u>			
DUE TO (c) <u>arteriosclerosis</u>													
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 checked="" 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 Month, Day, Year a.m. p.m.													
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>7/6/60</u> to <u>7/6/60</u> and last saw her alive on <u>7/6/60</u> Death occurred at <u>7:20 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <u>Ben H. Brasher M.D.</u>				22b. ADDRESS <u>Lexington, Mo</u>				22c. DATE SIGNED <u>7/12/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/9/60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Nachpelah Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Lexington, Mo.</u>						
24. FUNERAL DIRECTOR <u>Earl Funeral Homes Lexington, Mo</u>				ADDRESS <u>Lexington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>7-12-60</u>		26. REGISTRAR'S SIGNATURE <u>Wm. Stubbins</u>					

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. R. Vaughan

Licensed Embalmer No. 4023

P. O. Address Lexington,

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.