

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000206

FILED VS JAN 17 1961

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 15

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>UNIVERSITY OF MO. Medical Center</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u> c. CITY OR TOWN <u>MARSHALL</u> d. STREET ADDRESS (If outside, give location) <u>620 E WASHINGTON</u>			
3. NAME OF DECEASED (Type or print) First <u>Nellie</u> Middle <u>Lee</u> Last <u>JACKSON</u>				4. DATE OF DEATH Month <u>1</u> Day <u>9</u> Year <u>61</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11-7-98</u>	
9. AGE (last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>MARSHALL, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Nohah Lee</u>				13b. MOTHER'S MAIDEN NAME <u>BERRY</u>		14. NAME OF HUSBAND OR WIFE <u>HENRY L. JACKSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT <u>UNIVERSITY OF MO. MEDICAL RECORDS</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>cardiac arrest</u> DUE TO (b) <u>Pulmonary edema</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes</u> <u>Hypertension</u> <u>Atherosclerosis</u> <u>exploratory laparotomy</u> <u>GI bleeding</u> <u>massive lower</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 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.		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 <u>6 Jan '61</u> to <u>9 Jan '61</u> and last saw her alive on <u>9 Jan '61</u> Death occurred at <u>2:35 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J.R. Ellis, M.D.</u>				22b. ADDRESS <u>U. of Missouri Medical Center</u>		22c. DATE SIGNED <u>9 Jan '61</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>1-9-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Marshall</u>		23d. LOCATION (City, town, or county) (State) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Dejett</u>		ADDRESS <u>Marshall Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Jan 9 1961</u>		26. REGISTRAR'S SIGNATURE <u>Mrs RE Palmer</u>	

(Licensed Embalmer's Statement on Reverse Side)

FEB 3 1961

FEB 15 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed \_\_\_\_\_

Licensed Embalmer No. 4220

P. O. Address Butler, Mo

**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.