

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014589

FILED MAY 15 1961

Registration District No. 231 Primary Registration District No. 3048 Registrar's No. 91

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>Nodaway County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>		Length of stay in 1b <u>6 months</u>		c. CITY OR TOWN <u>Sheridan</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>St. Francis Hospital</u>				Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u></u>		
3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Aubery</u> Last <u>Jackson</u>				4. DATE OF DEATH Month <u>May</u> Day <u>I</u> Year <u>1961</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</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>March-4-1887</u>		
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>27</u>		IF UNDER 24 HR Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>banker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>banker</u>		11. BIRTHPLACE (City and state or country) <u>Gentry County</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel B. Jackson</u>				13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Poyton</u>		14. NAME OF HUSBAND OR WIFE <u>Vesta Jackson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>				17. INFORMANT Address <u>Mrs Vesta Jackson Sheridan Missouri</u>				
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) <u>Multiple cerebral vascular hemorrhages</u>							<u>5yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>							<u>6yrs</u>	
DUE TO (c) <u></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 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 <u></u> a.m. <u></u> p.m. <u></u>		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>1955</u> to <u>May 1, 61</u> and last saw her/him alive on <u>May 1, 1961</u>								
Death occurred at <u>7:50 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
SIGNATURE <u>Frank B Matteson MD</u> (Degree or title)				22b. ADDRESS <u>Grant City, Mo</u>		22c. DATE SIGNED <u>5/2/61</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>May-4-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Friendship cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Gentry Missouri</u>		
24. FUNERAL DIRECTOR <u>John Andrews</u> ADDRESS <u>Grant City Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>5-73 61</u>		26. REGISTRAR'S SIGNATURE <u>Beas/bolt</u>		

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 John Andrews, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City 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.