

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020385
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 2006 Registrar's No. 427

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

AMENDED **F** **LED JUL 10 1961** DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> , b. COUNTY <u>LaFayette</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>35 days</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>Edwin F. Wood State Cancer Hosp Jackson, Herbert</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2612 Franklin, Estell Heights</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Herbert</u> Middle <u>Jackson</u> Last <u>Jackson</u>			4. DATE OF DEATH Month <u>July</u> Day <u>43</u> Year <u>1961</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>colored</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>8-12-83</u>
9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </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>miner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>LaFayette Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		13a. FATHER'S NAME <u>Andrew Jackson</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Ewing</u>		14. NAME OF HUSBAND OR WIFE <u>Inez Jackson</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>		17. INFORMANT Address <u>Hospital Record Columbia, 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>Pneumonia Rt lung</u>			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>
DUE TO (b) <u>Post op (h) jaw neck dissection</u>			<u>54 days</u>
DUE TO (c) <u>Undifferentiated Ca minor salivary gland 2 mos</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.	Month, Day, Year		
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	COUNTY STATE
21. I attended the deceased from <u>May 29 1961</u> to <u>July 3 - 61</u> and last saw her alive on <u>July 3 - 61</u> Death occurred at <u>11.30</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. J. Schewe</u> (Dealer or title)		22b. ADDRESS <u>Cancer Hospital Columbia Mo</u>	22c. DATE SIGNED <u>7/4/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>7/8/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Lawrence KANS.</u>
24. FUNERAL DIRECTOR <u>VAUGHN-WALKER</u> ADDRESS <u>Lexington, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 6 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>

JUL 11 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 Paul H. Wilson, Student Embalmer No. 639

working under my personal supervision.

Student Paul H. Wilson
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Va

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.