SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JUL 5 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3101 STATE FILE NUMBER 61-021309

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

Geo. C. Kealhofer

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: D. O. A.

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Research Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri — b. COUNTY: Wabaunsee

c. CITY OR TOWN: Alma — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): R. R. # 1 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: James — Middle: Young — Last: Jackson

4. DATE OF DEATH: Month: June — Day: 20 — Year: 1961

5. SEX: Male

6. COLOR OR RACE: ~~Shigd~~ white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-22-1887

9. AGE (last birthday): 73 — 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): farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Lafayette Co., Mo.

12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: James Y. Jackson

13b. MOTHER'S MAIDEN NAME: Maggie Trigmore

14. NAME OF HUSBAND OR WIFE: Bertha Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT: Bertha Jackson — Address: Alma, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Massive Subdural Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Two Car collision

20c. TIME OF INJURY: 8-30 Hour a.m. — Month, Day, Year: 6-20-61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

20f. CITY, TOWN, OR LOCATION: Alma — COUNTY: Wabaunsee — STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Geo C. Kealhofer for use Deputy Coroner

22b. ADDRESS: 6627 Prospect Kans

22c. DATE SIGNED: 6-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 6-21-61

23c. NAME OF CEMETERY OR CREMATORY: --

23d. LOCATION (City, town, or county) (State): Higginsville, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.: 6-21-61

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 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_____ Signed William M. Turner

Signature of Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.