

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

3954 - 61-029358
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1022 Registrar's No. 3954

FILED AUG 28 1961

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 4 YEARS	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4127 MONTGALL AVENUE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4127 MONTGALL AVENUE	
3. NAME OF DECEASED (Type or print) First ROSE Middle BELL Last JACKSON			4. DATE OF DEATH Month AUGUST Day 7 Year 1961		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/22/79	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (City and state or country) RAY COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME LEONARD OSTER		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND or wife JOHN FRANKLIN 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. NONE		17. INFORMANT MARGARET LEE CHAMBERS ^{Address} 4127 Montgall Ave KANSAS CITY	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial ischemia					INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis					15 yrs
DUE TO (c) Diabetes mellitus					30 yrs
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>8/6/61</u> to <u>8/7/61</u> and last saw her/him alive on <u>8/7/61</u> . Death occurred at <u>9:35 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Renee R. Friche D.D.			22b. ADDRESS 3524 Main, K.C., Mo.		22c. DATE SIGNED 8/7/61
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE AUG. 9, 1961	23c. NAME OF CEMETERY OR CREMATORY NEW HOPE CEMETERY		23d. LOCATION (City, town, or county) (State) 12 MI. NO. HARDIN MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 Brush Cr KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 8-9-61		26. REGISTRAR'S SIGNATURE Ruth Bong

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 Chester Brown

Licensed Embalmer No. 4231

P. O. Address 100 W 140

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.