

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014090

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5101 Registrar's No. 25

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 23 1962

VS 300
Rev. 4/59

10080
30802

3

4 0

5 1

6

7 0

8 2

94201

10

11

1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Benton</u>		
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN <u>Alexandersville FAIRFIELD</u>		Length of stay in lb <u>Wife</u>	c. CITY OR TOWN <u>FAIRFIELD</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			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>SINK CLARE JACKSON</u>			4. DATE OF DEATH Month Day Year <u>Apr 14 1962</u>		
5. SEX <u>Female</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>Mar 30, 1882</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>14</u>
IF UNDER 24 HR Hours <u>0</u> Min. <u>14</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Montgomery City, Mo</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A</u>	
12. CITIZEN OF WHAT COUNTRY	13a. FATHER'S NAME <u>Samuel Jackson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Liggett</u>	14. NAME OF HUSBAND OR WIFE <u>Hettie V. Jackson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Hettie Jackson - Fairfield, Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY:					
IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>					
DUE TO (b) <u>Coronary thrombosis</u>					
DUE TO (c)					
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 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>1956</u> to <u>1962</u> and last saw her/him alive on <u>4-3-62</u> Death occurred at <u>9:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>E. L. Rhodes, M.D.</u> (Degree or title)			22b. ADDRESS <u>Warsaw, Missouri</u>		22c. DATE SIGNED <u>4-14-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)		
<u>Burial</u>	<u>Apr 17, 1962</u>	<u>Sheloh Cemetery</u>	<u>Fairfield Benton Co. Mo.</u>		
24. FUNERAL DIRECTOR <u>John F. Reser</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Apr. 16-1962</u>	REGISTRAR'S SIGNATURE <u>Gas. A. Logan</u>		

USE BLACK INK OR TYPEWRITER RIBBON

JUN 5 1962

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 John F Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.