

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-015732

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 59

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0500
2 0506
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4 0
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12 1-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM TOWNSHIP</u>		Length of stay in lb <u>12 HRS.</u>	c. CITY OR TOWN <u>FESTUS, MO.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF. MEMORIAL HOSP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1310 HILLSBORO RD.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u> BABY JACKSON</u>			4. DATE OF DEATH Month Day Year <u> APR. 13 1962</u>
5. SEX <u> MALE</u>	6. COLOR OR RACE <u> WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u> 4-12-62</u>
9. AGE (last birthday) <u> 0</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR <u> 12</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u> FESTUS, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u> U. S. A.</u>		13a. FATHER'S NAME <u> HERBERT E. JACKSON JR.</u>	
13b. MOTHER'S MAIDEN NAME <u> GEAUADE G. LICHTY</u>		14. NAME OF HUSBAND OR WIFE <u> NEVER MARRIED</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>		16. SOCIAL SECURITY NO. <u> NONE</u>	17. INFORMANT <u> HERBERT E. JACKSON, FESTUS, MO.</u> Address
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> Prematurity 7 mo</u>			INTERVAL BETWEEN ONSET AND DEATH <u> 12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ 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 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 a.m. p.m. 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> 4/12/62</u> to <u> 4/13/62</u> and last saw her/him alive on <u> 4/13/62</u> Death occurred at <u> 4/13/62</u> <u> 8:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u> Dr. E. Demm MD</u>		22b. ADDRESS <u> Berulaneum Mo</u>	22c. DATE SIGNED <u> 4/13/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u> 4-13-62</u>	23b. DATE <u> 4-13-62</u>	23c. NAME OF CEMETERY OR CHURCH <u> METHODIST</u>	23d. LOCATION (City, town, or county) (State) <u> FESTUS MISSOURI</u>
24. FUNERAL DIRECTOR <u> James R. Cady</u> ADDRESS <u> CRYSTAL CITY, MO.</u>		25. DATE REGD. BY LOCAL REG. <u> 4/13/62</u>	26. REGISTRAR'S SIGNATURE <u> John H. [Signature]</u> <u> Deputy</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

J. Regan

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 *James Richard Coday* _____
NOT EMBALMED

Licensed Embalmer No. *4309*

P. O. Address *CRYSTAL 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.