MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-022479
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0350
2 0090
3
4 0
5 2
6
7 0
8 2
9 9
10 0
11 035
12 90-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 103 Primary Registration District No. 5417 Registrar's No. 10

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rives — Length of stay in 1b: 8 mo
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Rives mo — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Bollinger
c. CITY OR TOWN: MARBLE HILL — 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 HENRY Middle Last JACKSON
4. DATE OF DEATH: Month June Day 12 Year 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-19-1871
9. AGE (last birthday): 91 — 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): FARM
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Thayer, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Senettie PAGE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT: Sanford Jackson, Cape Gir. Mo — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days
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): fracture of left hip
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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/22/61 to 6/12/62 and last saw ~~him~~ alive on 6/12/62
Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: R L Polenke (Degree or title) MD
22b. ADDRESS: Homersville Mo
22c. DATE SIGNED: 6/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: June 13, 1962
23c. NAME OF CEMETERY OR CREMATORY: Mt. Zion
23d. LOCATION (City, town, or county) (State): SCOPUS, MO

24. FUNERAL DIRECTOR: Gene Ward — ADDRESS: Gatewood Mo
25. DATE RECD. BY LOCAL REG.: 6/15/62
26. REGISTRAR'S SIGNATURE: Sue Polenke

(Licensed Embalmer's Statement on Reverse Side)

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 Kenneth Liley

Signature of Student Embalmer

Licensed Embalmer No. 5086

P. O. Address Lutesville, 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.