MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-022628
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 926

FILED JUN 18 1962

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b: 60 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION Handley — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 523 E Tampa St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ALLEN Middle G Last JACKSON
4. DATE OF DEATH: Month June Day 12 Year 1962
5. SEX: Male
6. COLOR OR RACE: Negro
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 22 97
9. AGE (last birthday): 65 — 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): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Mansfield Mo.
12. CITIZEN OF WHAT COUNTRY: U S
13a. FATHER'S NAME: George Jackson
13b. MOTHER'S MAIDEN NAME: Laticia Whitley
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W W I
16. SOCIAL SECURITY NO.:
17. INFORMANT: Josephine Martin Address: 1437 N Sherman St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 June 1962, to June 12 1962 and last saw ~~her~~ him alive on 6/12/62
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Lyman D. Brown (Degree or title) M.D.
22b. ADDRESS 311 E College
22c. DATE SIGNED 6/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE June 15 1962
23c. NAME OF CEMETERY OR CREMATORY Springfield National
23d. LOCATION (City, town, or county) Springfield (State) Mo.

24. FUNERAL DIRECTOR Herbert V Smith ADDRESS 602 N Jefferson St.
25. DATE RECD. BY LOCAL REG. 6-14-62
26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0397		
2	0397		
3			
4	1		
5	0		
6			
7	0		
8	0		
9	334X		
10			
11			
12	6-0		
13			

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

JUN 19 1962

JUN 18 1962

Permit issued 6-14-62

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 Herbert V Smith

Licensed Embalmer No. 4286

P. O. Address Springfield Va

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.