

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 195

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 4/59

1 1085  
2 10852

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DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ  
ITEM NO.

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

**FILED NOV 7 1962**

1. PLACE OF DEATH  
a. COUNTY Vernon  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada Length of stay in 1b \_\_\_\_\_  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 812 N. Washington Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Vernon  
c. CITY OR TOWN Nevada Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 812 N. Washington Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
LEATTA (LILLIE) STEELE JACKSON Nov. 3, 1962

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10-23-74 9. AGE (last birthday) 88

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Cashocton Co. Ohio 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Steele 13b. MOTHER'S MAIDEN NAME Amanda Sutter 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Darrell Maxwell, El Dorado Springs Mo. 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) Acute coronary infarction  
DUE TO (b) Arteriosclerosis  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
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 February 2 1962 to Nov. 2, 1962 and last saw her  alive on Nov. 2, 1962  
Death occurred at 5:00 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Type or print) R. B. Wray, M. D. 22b. ADDRESS Moore Bldg., Nevada, Mo. 22c. DATE SIGNED 11/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-5-1962 23c. NAME OF CEMETERY OR CREMATORY Stockton City Cemetery 23d. LOCATION (City, town, or county) (State) Stockton, Mo.

24. FUNERAL DIRECTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ 25. DATE RECD. BY LOCAL REG. 11-3-1962 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

CANTON FUN. HOME, STOCKTON, MO. 11-3-1962 [Signature]  
(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 \_\_\_\_\_  
Signature of Student Embalmer

Signed John A. Cantlon

Licensed Embalmer No. 4287

P. O. Address Stockton, 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.