

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043724

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 4424 Registrar's No. 127

FILED DEC 12 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10840
20840

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4 1
5 0
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7 0
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9 170X
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12 90-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Polk	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville		Length of stay in 1b 68 yrs.	c. CITY OR TOWN Humansville 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) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Pearl Caroline Jackson			4. DATE OF DEATH Month Day Year 12 4 1962			
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5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6/11/1884	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Stockton, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME James M. Jackson		13b. MOTHER'S MAIDEN NAME Saraphine Bacon		14. NAME OF HUSBAND OR WIFE --	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) --	16. SOCIAL SECURITY NO. --	17. INFORMANT Address Miss Dovie Murray, Humansville, Mo			
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Breast		INTERVAL BETWEEN ONSET AND DEATH Jan 1962
DUE TO (b) Bilateral Pulmonary metastases		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) metastory Radicle Jan 1962		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	
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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.)		
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20c. TIME OF INJURY	Hour Month, Day, Year			
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from **Jan 1962** to **12/4/62** and last saw her alive on **10/23/62**
Death occurred at **9:20** P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W Roland Kayston M.D. (Degree or title)		22b. ADDRESS Springfield		22c. DATE SIGNED 12/6/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/7/1962	23c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery	23d. LOCATION (City, town, or county) (State) Humansville, Mo.	
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24. FUNERAL DIRECTOR ADDRESS Beckwith Funeral Home, Humansville, Mo.		25. DATE RECD. BY LOCAL REG. Dec 8, 1962	26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon	
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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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.