MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-049246
STATE FILE NUMBER

Registration District No. 338 Primary Registration District No. 6154 Registrar's No. 37

FILED JAN 3 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. — BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richland Twp. — Length of stay in 1b: 42 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Essex, Mo. Rfd. 2 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Essex — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rfd. 2 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First John, Middle Henry, Last Jackson
4. DATE OF DEATH: Month December, Day 22, Year 1962
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-1-1887
9. AGE (last birthday): 75 — 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): Farmer (retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Paris, Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John Jackson
13b. MOTHER'S MAIDEN NAME: unknown
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no x x x x x x x x
16. SOCIAL SECURITY NO.:
17. INFORMANT: Ida Mae Polley — Address: Sikeston, Mo.

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 4 years
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 January 1961, to Dec. 22, 1962 and last saw ~~her~~ him alive on Dec. 21, 1962
Death occurred at 2:45 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Clyshant M. Rivers, D.C.
22b. ADDRESS: Bell City, Mo.
22c. DATE SIGNED: 12-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12-24-62
23c. NAME OF CEMETERY OR CREMATORY: Bloomfield Cemetery
23d. LOCATION (City, town, or county) (State): Bloomfield, Mo.

24. FUNERAL DIRECTOR: Watkins & Sons — ADDRESS: Dexter, Mo.
25. DATE RECD. BY LOCAL REG.: 12-26-62
26. REGISTRAR'S SIGNATURE: Doris S. Leggett

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1963

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 Mark Watkins

Signature of Student Embalmer

Licensed Embalmer No. 4717

P. O. Address Dexter 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.