

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016388

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 210

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

17005
27005

3
4 1
5 2
6
7 1
8 2
9443X
10
11
12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. Place of Death MAY 9 1963		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		c. CITY OR TOWN Independence	
Length of stay in 1b 17 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rest Haven		d. STREET ADDRESS (if outside, give location) 1500 W. Truman Rd.	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last Blanche Jackson			4. DATE OF DEATH Month Day Year May 4 1963
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1875
9. AGE (last birthday) 87		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Shelby County, Iowa
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Hez N. Baughman	
13b. MOTHER'S MAIDEN NAME Irene Miller		14. NAME OF HUSBAND OR WIFE Andrew L. Jackson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Bernice Talcott		Address Independence, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line - or (1), (2), and (3).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage - Hemiplegia, etc.			INTERVAL BETWEEN ONSET AND DEATH 1 wk.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Hypertensive & arteriosclerotic cardiovascular disease			Yes
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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
21. I attended the deceased from _____ to 5/4/63 and last saw her ^{him} alive on 5/3/63		Death occurred at 12:00 Noon m, on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Vance E. Lutz, M.D. (Degree or title)		22b. ADDRESS 10901 Wimmer Rd Independence, Mo	22c. DATE SIGNED 5/4/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5-7-1963	23c. NAME OF CEMETERY OR CREMATORY Dow City Cemetery	23d. LOCATION (City, town, or county) Dow City, Iowa
24. FUNERAL DIRECTOR Roland R. Speaks ADDRESS Independence, Mo.		25. DATE RECD. BY LOCAL REG. 5-6-63	26. REGISTRAR'S SIGNATURE Alba L. Craig

2002
2002

1
9
6-9

0-28

5-6-68

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 Wayne Smith

Licensed Embalmer No. 5081

P.O. Address Independence, 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.