MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027078
STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4004 Registrar's No. 39

FILED AUG 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0020
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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 Andrew
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolckow — Length of stay in 1b 12 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☑ No ☐

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

3. NAME OF DECEASED (Type or print) First VERA Middle L Last JACKSON
4. DATE OF DEATH Month 7 Day 28 Year 1963
5. SEX female
6. COLOR OR RACE Cau.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2,5,1897
9. AGE (last birthday) 66 — 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) housewife
10b. KIND OF BUSINESS OR INDUSTRY home-own
11. BIRTHPLACE (City and state or country) Wetsboro,Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Alford S.Lytle
13b. MOTHER'S MAIDEN NAME Vera Lytle
14. NAME OF HUSBAND OR WIFE L.G.Jackson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 2891
17. INFORMANT Address L.Glenn Jackson,Bolckow,Mo.

18. CAUSE OF DEATH (Enter only one cause p[redacted]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatous — INTERVAL BETWEEN ONSET AND DEATH Dec 1961
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) primary in uterus
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

MEDICAL CERTIFICATION

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 July 15, 1963 to 5:30 am and last saw her/him alive on July 28, 1963
Death occurred at m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree, or title) Dr Zack A Barnes Do
22b. ADDRESS King City Mo
22c. DATE SIGNED 7-29-63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 7,30,1963
23c. NAME OF CEMETERY OR CREMATORY Bolckow Cemetery
23d. LOCATION (City, town, or county) (State) Bolckow Mo.

24. FUNERAL DIRECTOR ADDRESS Atchison,Maryville,Mo.
25. DATE RECD. BY LOCAL REG. 8-7-1963
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

No permit issued
8-7-63
Daylene L. Williams
Local Registrar

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 G. M. Atchison
Signature of Student Embalmer

Licensed Embalmer No. 2279

P. O. Address Maryville 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.