

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-039705

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 103 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB
AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH 29 1963 a. COUNTY Howard | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Howard | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette | | Length of stay in 1b 1 day | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Keller Memorial Hosp. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Nellie P. JACKSON | | 4. DATE OF DEATH Month Oct. Day 11, Year 1963 | |
| 5. SEX Female | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH July 5, 1896 |
| 9. AGE (last birthday) 67 | | IF UNDER 1 YEAR Months 67 Days 67 Hours 67 Min. 67 | IF UNDER 24 HR Hours 67 Min. 67 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Restaurant | 11. BIRTHPLACE (City and state or country) Callaway Co. Mo. USA |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13. FATHER'S NAME Isaac Pannell | |
| 13a. FATHER'S NAME | | 13b. MOTHER'S MAIDEN NAME Mary Gathright | |
| 14. NAME OF HUSBAND OR WIFE Andrew J. Jackson | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT Andrew J. Jackson Address New Franklin, Mo. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis | | | INTERVAL BETWEEN ONSET AND DEATH 2 wks |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma breast | | | 2 yrs |
| 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 1:15 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 Fayette, Mo. COUNTY STATE | |
| 21. I attended the deceased from Oct 10 to Oct 11, 1963 and last saw her alive on Oct 11, 1963 Death occurred at 1:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE W. Leece (Signer or title) | | 22b. ADDRESS Fayette, Mo. | |
| 22c. DATE SIGNED 10-25-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE Oct. 15, 1963 | | 23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cem | |
| 23d. LOCATION (City, town, or county) New Franklin, Missouri (State) | | 24. FUNERAL DIRECTOR Markland Funeral Home New Franklin Missouri ADDRESS | |
| 25. DATE RECD. BY LOCAL REG. 10-25-63 | | 26. REGISTRAR'S SIGNATURE Katherine Welch | |

USE BLACK INK OR TYPEWRITER RIBBON

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address New Franklin, 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.