

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043390

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 109 Primary Registration District No. 4180 Registrar's No. _____

FILED DEC 4 1963

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
(INSTEAD OF)

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Campbell</u>		Length of stay in lb <u>15 months</u>		c. CITY OR TOWN <u>Dexter</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Gen. Bapt. Rest Home</u>			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 checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Benjamin</u> Middle <u>Franklin</u> Last <u>Jackson</u>			4. DATE OF DEATH Month <u>November</u> Day <u>19</u> Year <u>1963</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>cauc.</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <u>3/6/1883</u>		9. AGE (last birthday) <u>80</u>		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) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	
11. BIRTHPLACE (City and state or country) <u>Sardis, Mississippi</u>			12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		
13a. FATHER'S NAME <u>Lemial John Jackson</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Amanda Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>			16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Herman Jackson, Dexter, Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL HEMORRHAGES, MULTIPLE</u> DUE TO (b) <u>PARKINSONISM</u> DUE TO (c) <u>ARTERIOSCLEROSIS</u> 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					INTERVAL BETWEEN ONSET AND DEATH <u>5 DAYS</u> <u>3 YEARS</u> <u>10 YEARS</u>
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 _____ e.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 <u>7-24-62</u>		20g. COUNTY <u>11-19-63</u>		20h. STATE <u>11-18-63</u>	
21. I attended the deceased from <u>7-24-62</u> to <u>11-19-63</u> and last saw him alive on <u>11-18-63</u> Death occurred at <u>2:20 a.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles Williams, M.D.</u> (degree or title)			22b. ADDRESS <u>MALDEN, Mo.</u>		22c. DATE SIGNED <u>11-20-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>11/21/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hagy Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Dexter, Missouri</u>
24. FUNERAL DIRECTOR <u>Watkins & Sons Dexter, Mo</u> ADDRESS <u>Mo</u>			25. DATE RECD. BY LOCAL REG. <u>12/1/63</u>		26. REGISTRAR'S SIGNATURE <u>Hurstard wife m.</u>

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1000 07.11.19

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 *John M. Walker*

Licensed Embalmer No. 4864

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.