

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 0001292

DATE FILE NUMBER

VS 300  
Rev. 4/59

1425

20420

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9332x

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)  
Clinton

Length of stay in 1b  
May 1965

FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION  
Jackson Rest Home

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
STATE Missouri b. COUNTY Henry

c. CITY OR TOWN Deepwater Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Sen. Delaney Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
LENA CREED JACKSON

4. DATE OF DEATH  
Month Day Year  
Jan 12 1965

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

5-20-1883

9. AGE (last birthday)

81

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

7 12 - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Steubenville Mo

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel Mc Intosh

13b. MOTHER'S MAIDEN NAME

Mahalia Crow

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

16. SOCIAL SECURITY NO.

486-03-1281

17. INFORMANT

Mrs W.O. Glass Deepwater 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)

Cerebral thrombosis

INTERVAL BETWEEN  
ONSET AND DEATH

5 hrs

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying 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)

Hypertension, Diabetes Mellitus

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 3/7/62 to 1/12/65 and last saw her alive on 1/5/65  
Death occurred at 9:41 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

S.B. Hughes, M.D.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

1/15/65

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

1/12/65

23c. NAME OF CEMETERY OR CREMATORY

Osborne Cem.

23d. LOCATION (City, town, or county)

Osborne Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

CARSON FUNERAL HOME

25. DATE RECD. BY LOCAL REG.

JAN 15, 1965

26. REGISTRAR'S SIGNATURE

Willard Bigum

INDEPENDENCE Mo. (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 20 1965

Permit Obtained 1-12-65 MMB

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 F. L. Schaefer

Licensed Embalmer No. 4513

P. O. Address Clinton 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.