

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68 0001746

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 355 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 22 1968

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Rev. 4/59
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Windsor</b>		Length of stay in 1b <b>3 1/2 Months</b>	c. CITY OR TOWN <b>Green Ridge</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Windsor Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Green Ridge</b>
3. NAME OF DECEASED (Type or print) First <b>Bertha</b> Middle <b>Lena</b> Last <b>JACKSON</b>		4. DATE OF DEATH Month <b>JAN.</b> Day <b>1,</b> Year <b>1968</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 1, 1890</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE (last birthday) <b>77</b>
11. BIRTHPLACE (City and state or country) <b>Camden County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U S</b>	
13a. FATHER'S NAME <b>Frank Rector</b>		13b. MOTHER'S MAIDEN NAME <b>Adelaide Frasher</b>	
14. NAME OF HUSBAND OR WIFE <b>Buel Jackson</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>489-30-5134</b>		17. INFORMANT <b>Mr. Buel Jackson Green Ridge, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardio-Respiratory Collapse</b> <b>Congestive Heart Failure and Coronary Heart Disease</b> Conditions, if any, which gave rise to (a), stating the underlying cause last. DUE TO (c) <b>Bilateral Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs. ex.</b> <b>3 mos.</b> <b>13 wks.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) <b>General Arteriosclerosis</b>		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 <b>Windsor, Mo.</b>	
20g. COUNTY <b>Henry</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>10-24-63</b> to <b>1-1-68</b> and last saw her alive on <b>1-1-68</b> 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) <b>Claude M. Thurber, M.D.</b>		22b. ADDRESS <b>Windsor, Mo.</b>	
22c. DATE SIGNED <b>1-2-68</b>		23. LOCATION (City, town, or county) (State) <b>Windsor, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 4, 1968</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>	23d. LOCATION (City, town, or county) (State) <b>Windsor, Mo.</b>
24. FUNERAL DIRECTOR <b>Glen E. Heck Funeral Home Green Ridge, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN. 20, 68</b>	
26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>			

**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 Glen E. Heck

Licensed Embalmer No. 4063  
P. O. Address Green Ridge, 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.