

STANDARD CERTIFICATE OF DEATH

FILED APR 14 1953

BIRTH NO. REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 4214 Registrar's No. 100

420

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <i>Henry</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Henry</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Windsor 0420</i>	
c. LENGTH OF STAY (If in this place) <i>2 days</i>		d. STREET ADDRESS (If rural, give location) <i>301 E. Kentucky</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Windsor Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>CENA BELLE</i> b. (Middle) <i>MILLER</i> c. (Last) <i>JACKSON</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 5, 1953</i>		
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov. 23, 1873</i>	9. AGE (In years last birthday) <i>79</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Own home</i>	11. BIRTHPLACE (State or foreign country) <i>Carroll County, Illinois</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>William J. Miller</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Cox</i>	13c. NAME OF HUSBAND OR WIFE <i>George H. Jackson</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Geo. H. Jackson</i>	ADDRESS <i>Windsor, Mo.</i>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i>		
	DUE TO (c) <i>Hypertension</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>593x</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from *Jan*, 1951, to *Apr 5*, 1953, that I last saw the deceased alive on *Apr 7*, 1953, and that death occurred at *6:00 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Arnold W. Windsor</i>	(Degree or title)	23b. ADDRESS <i>Windsor, Mo.</i>	23c. DATE SIGNED <i>7/7-53</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>4-7-53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Laurel Oak</i>	24d. LOCATION (City, town, or county) (State) <i>Windsor, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>April 7-53</i>	REGISTRAR'S SIGNATURE <i>Florence Adair</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Huston Turner</i>	ADDRESS <i>Windsor, Mo.</i>
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May 18 1953

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
Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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 this body is not embalmed, fact should be so stated above.