

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31612**

FILED OCT 5 1953

BIRTH NO.		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 4218		Registrar's No. 209	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) Chindsor		c. LENGTH OF STAY (in this place) 3 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Chindsor		OC:20	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chindsor Hospital				d. STREET ADDRESS (If rural, give location) 301 E. Kentucky			
3. NAME OF DECEASED a. (First) GEORGE		b. (Middle) H.		c. (Last) JACKSON		4. DATE OF DEATH (Month) (Day) (Year) Sept. 26, 1953	
5. SEX male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 2, 1873	
9. AGE (in years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-retired		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME L. C. Jackson		13b. MOTHER'S MAIDEN NAME Elizabeth Cooper		14. NAME OF HUSBAND OR WIFE Carl Miller Jackson	
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Belford Jackson, Weston, Mo			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 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) Hypertension DUE TO (c) 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 B 3/4 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from Sept 15, 1953 , to Sept 25, 1953 , that I last saw the deceased alive on Sept 25, 1953 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arnold M. Wenzel M.D.				23b. ADDRESS Windsor		23c. DATE SIGNED 9/28/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-28-53		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Chindsor, Missouri	
DATE REC'D BY LOCAL REG. Sept 27-53		REGISTRAR'S SIGNATURE Florence Odair		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Huston Turner, Chindsor, Mo			

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

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 Union, 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.