

FILED JUL 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20323**

BIRTH NO. _____		REG. DIST. <b>137</b>		PRIMARY REG. DIST. No. <b>4218</b>		Registrar's No. <b>209</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>Henry</b>			
b. CITY OR TOWN <b>Windsor</b>		c. LENGTH OF STAY (in this place) <b>25 yrs.</b>		c. CITY OR TOWN <b>Windsor</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206 N. Franklin St.</b>				e. STREET ADDRESS (If rural, give location) <b>206 N. Franklin St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Victor</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Jackson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 28 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct 28, 1893</b>		9. AGE (in years last birthday) <b>62</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter &amp; Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Fayette, MO. Howard Co.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Granville M. Jackson</b>			13b. MOTHER'S MAIDEN NAME <b>Mary E. Perkins</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Ryan Jackson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>W.W.I</b>		16. SOCIAL SECURITY NO. <b>486-26-2485</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Ryan Jackson</b> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) <b>Windsor MO</b>			
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 <b>April 16, 1954</b> , to <b>June 28, 1956</b> , that I last saw the deceased alive on <b>April 14, 1954</b> , and that death occurred at <b>11:25 AM.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Arnold M.D.</b>				23b. ADDRESS <b>Windsor MO</b>		23c. DATE SIGNED <b>6/29/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 1, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak</b>		24d. LOCATION (City, town, or county) (State) <b>Windsor MO</b>		
DATE REC'D BY LOCAL REG. <b>7-1-56</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Huston Turner, Windsor, Mo.</b>			

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

JUL 17 1958

JUL 10 1958

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.....  
*Elwin Kuston*

Licensed Embalmer No. 33

P. O. Address Windsor

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.