S. No. 300
v. 10.48

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

25349

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 5-964 Registrar's No. 60

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

1. PLACE OF DEATH
a. COUNTY: Platte 0830 3
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Riverside
c. LENGTH OF STAY (in this place): 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rancho night Club

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kan
b. COUNTY: Johnson 8150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City Kan. 8
d. STREET ADDRESS (If rural, give location): 8610 West 60th.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Henry
c. (Last): Jackman

4. DATE OF DEATH (Month) (Day) (Year): July 13-1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3 1907
9. AGE (In years last birthday): 44 — If under 1 year: Months 9, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (City and State or Foreign Country): Lyler Missouri-O
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Alfred T. Jackman
13b. MOTHER'S MAIDEN NAME: Anna Brunker
14. NAME OF HUSBAND OR WIFE: Elta Harper Jackman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Elta Jackman. ADDRESS: 8610 W. 60 So. K.C. Kan

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): acute sore
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: 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ....., 19...., to ....., 19...., that I last saw the deceased alive on ....., 19...., and that death occurred at ..... m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. H. Hewitt Coroner 3
23b. ADDRESS: Platte City Mo
23c. DATE SIGNED: July 14-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 16-1952
24c. NAME OF CEMETERY OR CREMATORY: Highland Park
24d. LOCATION (City, town, or county) (State): K.C. Kan Kansas

DATE REC'D BY LOCAL REG.: July 16-52
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Fulton Funeral Home
ADDRESS: K.C. Kan

(Licensed Embalmer's Statement on Reverse Side)

AUG 26 1952

MAY 5 1952

AUG 8 1952

AUG 7 1952

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 Leland H. Francis

Licensed Embalmer No. 3451

P. O. Address Parkville, 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.