No. 300
10.48

FILED MAR 1 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3844

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 45

51

0

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

1. PLACE OF DEATH
a. COUNTY: BARRY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MONETT
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. VINCENTS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAWRENCE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MT. VERNON 0550
d. STREET ADDRESS (If rural, give location): 112 W. CRAWFORD ST. 1

3. NAME OF DECEASED (Type or Print)
a. (First): EDGAR
b. (Middle): WATSON
c. (Last): JACKSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1955.

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: DEC-17-1889
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months 2, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JUNIUS JACKSON
13b. MOTHER'S MAIDEN NAME: FRANCES MURRELL
14. NAME OF HUSBAND OR WIFE: BERTHA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: EVERETT JACKSON — ADDRESS: MT. VERNON 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Accident. — INTERVAL BETWEEN ONSET AND DEATH: 37 hrs.

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.: Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 X
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* 2/2, 1955, *to* 2/18, 1955, *that I last saw the deceased alive on* 2/18, 1955, *and that death occurred at* 1130 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jennett Glover MD
23b. ADDRESS: Mt. Vernon, Mo
23c. DATE SIGNED: 2/21/55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-23-55
24c. NAME OF CEMETERY OR CREMATORY: SALEM CEMETERY
24d. LOCATION (City, town, or county): LAWRENCE Co. (State): Mo.

DATE REC'D BY LOCAL REG.: 2-22-55
REGISTRAR'S SIGNATURE: Mrs. P. N. Cook 513 0
25. FUNERAL DIRECTOR'S SIGNATURE: H. W. Fossett — ADDRESS: Mt Vernon Mo

(Licensed Embalmer's Statement on Reverse Side)

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 255-207

DATE REC. 2-26-55

JAN 19 1956

JS SEP 12 1960

MAY 11 1955

APR 27 1955

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 me

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed N W Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.