

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21597**

FILED JUL 3 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **297** PRIMARY REG. DIST. NO. **1022** Registrar's No. **53**

1. PLACE OF DEATH  
a. COUNTY **Ray**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.** b. COUNTY **Ray**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural Richmond**

c. CITY OR TOWN **Richmond**  
d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **None**

e. STREET ADDRESS (If rural, give location) **One mile south Richmond**

3. NAME OF DECEASED  
a. (First) **James** b. (Middle) **T. Jackson** c. (Last) **J.S. 486-05-9603**

4. DATE OF DEATH (Month) (Day) (Year) **June. 23. 1956**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **June. 2. 1891**

9. AGE (In years last birthday) **65**  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 24 HRS.: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work during life, even if retired) **Hardware Business**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) **Ray County Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **William R. Jackson**

13b. MOTHER'S MAIDEN NAME **Mary E. Stinnett**

14. NAME OF HUSBAND OR WIFE **May Swinney Jackson**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War One**

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. May Jackson. Richmond. 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) **Coronary Occlusion**  
ANTECEDENT CAUSES  
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 **Inst.**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

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 **6-27-1956** to **6-23-1956** that I last saw the deceased alive on **6-23-1956** and that death occurred at **12:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **E. E. Gray M.D.** (Degree or title)

23b. ADDRESS **Richmond, Mo.**

23c. DATE SIGNED **6-25-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **June. 25. 1956**

24c. NAME OF CEMETERY OR CREMATORY **Sunny Slope**

24d. LOCATION (City, town, or county) (State) **Richmond, Mo.**

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE **June 26 - 1956 Malcol Jackson**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thurman Richmond, Mo.**

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

26

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 *E. Hurman*.....

Licensed Embalmer No *2072*

P. O. Address *Richmond*

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.