FILED OCT 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30746
STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Barry County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett, Missouri — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scroggins Rest Home — Length of stay in 1b 1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton
c. CITY OR TOWN Fairview — Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes X No ☐

3. NAME OF DECEASED (Type or print) First Abraham Middle Franklin Last Jackson
4. DATE OF DEATH Month Sept. Day 18 Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH June 23, 1872
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 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 On a Farm
11. BIRTHPLACE (City and state or country) Barry County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
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. 458-30-7242
17. INFORMANT Sherman Jackson, Fairview, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aortic regurgitation — INTERVAL BETWEEN ONSET AND DEATH 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral hemorrhage — 3 yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Nov. 28/56, to Sept. 18/57 and last saw ~~her~~ him alive on Sept 17/57
Death occurred at 9:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Charles L. Moore (Degree or title) DO
22b. ADDRESS Pierce City Mo.
22c. DATE SIGNED 9-24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept. 22, 1957
23c. NAME OF CEMETERY OR CREMATORY Dice Cemetery
23d. LOCATION (City, town, or county) (State) Fairview, Missouri
24. FUNERAL DIRECTOR Culvers ADDRESS Cassville, Mo.
25. DATE RECD. BY LOCAL REG. 9-30-57
26. REGISTRAR'S SIGNATURE Mrs O. N. Peck

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1057 - 181

DATE REC. 10-7-57

OCT 18 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Margaret C. Henbest

Licensed Embalmer No. 4

P. O. Address Cass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.