

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016453  
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 337 Primary Registration District No. 4498 Registrar's No. 46

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hunnewell</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monroe City 0690</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Town Limits</b>		Length of stay in lb <b>2 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>405 Chestnut St</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ida May Jackson</b>			4. DATE OF DEATH Month Day Year <b>April 30, 1959</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 3, 1867.</b>
9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Month <b>11</b> Days <b>27</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INDUSTRY</b>	11. BIRTHPLACE (City and state or country) <b>Marion County Missouri</b> 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>James A. Burditt</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Burditt</b>	14. NAME OF HUSBAND OR WIFE <b>Edwin A. Jackson</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Mae Byrd, Hunnewell, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio-Sclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Two Years</b>  <b>Ten Years</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Apr 17 1957</b> to <b>Apr 30 1959</b> and last saw her alive on <b>Apr 29 1959</b> Death occurred at <b>4:00 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Oliver A. Adams M.D.</i>		22b. ADDRESS <b>Monroe City Missouri</b>	22c. DATE SIGNED <b>5/1/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>5/3/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sharpsburg Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marion County, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Harold Garner, Monroe City, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>May 2-59</b>	26. REGISTRAR'S SIGNATURE <i>Ade Garrison</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

doctor, surgeon, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Hubert Turner .....

Licensed Embalmer No. 3720 .....  
P. O. Address Monroe City 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.