

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031702

FILED VS SEP 7 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 107

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Ray</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Richmond TWSIP</b>		Length of stay in 1b <b>1 day</b>		c. CITY OR TOWN <b>Polo</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Memorial Hosp</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b># R. 7. D.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First: <b>Roy</b> Middle: <b>Orville</b> Last: <b>Jackson</b>				4. DATE OF DEATH Month: <b>8</b> Day: <b>22</b> Year: <b>60</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-13-1911</b>	9. AGE (last birthday) <b>49</b>	IF UNDER 1 YEAR Months: Days: Hours: Min.	IF UNDER 24 HR Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Ray County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ira Jackson</b>			13b. MOTHER'S MAIDEN NAME <b>Daisy Kelly</b>		14. NAME OF HUSBAND OR WIFE <b>Maurine 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>493-34-7531</b>		17. INFORMANT Address <b>Mrs. Maurine Jackson, Polo, Missouri</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>Coronary Thrombosis hrs -</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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: _____ a.m. - _____ p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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>8-21-60</b> to <b>8-22-60</b> and last saw him alive on <b>8-21-60</b> Death occurred at <b>4:45 A.M. - 8-22-60 AM</b> the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>K. Davault M.D.</b>				22b. ADDRESS <b>Richmond, Mo.</b>		22c. DATE SIGNED <b>8-25-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>8-24-1960</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Cowgill Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Cowgill, Missouri</b>			
24. GENERAL DIRECTOR ADDRESS <b>Cramer Clark, Kingdon, Mo</b>				25. DATE RECD. BY LOCAL REG. <b>8-29-1960</b>		26. REGISTRAR'S SIGNATURE <b>Malul Jackson</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Cramer Clark*

Licensed Embalmer No. *325*

P. O. Address *Kingst*

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.