

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-032843**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 384 Primary Registration District No. 3009 Registrar's No. 3038457

**FILED AUG 28 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

8-30-63  
8-30-63  
Pearl Jackson  
Pearl Jackson, Brookfield, Mo.  
Pearl Small  
Pearl Small, Brookfield, Mo.

DOCUMENT

BY AFFIDAVIT OF J. W. Johnson

1. PLACE OF DEATH a. COUNTY: <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <u>Missouri</u> b. COUNTY: <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <u>Brookfield</u> Length of stay in lb: <u>21 years</u>		c. CITY OR TOWN: <u>Brookfield</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: <u>160 Hunt Street</u> Inside Limits: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location): <u>160 Hunt Street</u> Reside on Farm: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last: <u>JACKSON WOODWARD SMALL</u>			4. DATE OF DEATH Month Day Year: <u>August 22, 1963</u>
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH: <u>1/14/1890</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Construction</u>	9. AGE (last birthday): <u>73</u>
11. BIRTHPLACE (City, and state or country): <u>Mendon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY: <u>U.S.A.</u>	
13a. FATHER'S NAME: <u>James W. Small</u>		13b. MOTHER'S MAIDEN NAME: <u>Mary Rachel Jackson</u>	
14. NAME OF HUSBAND OR WIFE: <u>Pearl Jackson</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>yes WWI</u>	
16. SOCIAL SECURITY NO.:		17. INFORMANT: <u>Small Pearl Jackson, Brookfield, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH: <u>D.O.A.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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): <u>Permeable Anemia</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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: _____ 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 <u>D.O.A.</u> to _____ and last saw her/him alive on <u>8/17/63</u> . Death occurred at <u>9:30</u> _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title): <u>J. W. Johnson M.D.</u>		22b. ADDRESS: <u>Brookfield Mo.</u>	22c. DATE SIGNED: <u>8/23/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>	23b. DATE: <u>Aug. 24, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY: <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county): <u>Brookfield, Missouri</u>
24. FUNERAL DIRECTOR: <u>Hill Funeral Home, Brookfield, Mo.</u> ADDRESS: _____		25. DATE RECD. BY LOCAL REG.: <u>8-29-63</u>	26. REGISTRAR'S SIGNATURE: <u>Carla Watson</u>

USE BLACK INK OR TYPEWRITER RIBBON

AUG 30 1963

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 *D. J. Ludley*  
Licensed Embalmer No. *1162*  
P. O. Address *Chillicothe 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.