

FILED JAN 28 1949

STANDARD CERTIFICATE OF DEATH

State File No.

671

BIRTH NO.		REG. DIST. NO. 47		PRIMARY REG. DIST. NO. 3016		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Cole County				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Monticello			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Mary's Hospital				d. STREET ADDRESS (If rural, give location) None			
3. NAME OF DECEASED (Type or Print) HENRY - JACKSON		a. (First) b. (Middle) c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 15 - 1949			
5. SEX Male		6. COLOR OR RACE Black		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 8th 1913	
9. AGE (In years last birthday) 34		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Day Laborer		11. BIRTHPLACE (State or foreign country) Monticello Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Oliver Jackson		13b. MOTHER'S MAIDEN NAME Ardella Coleman		14. NAME OF HUSBAND OR WIFE Dorothy Jackson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 491-24-3026		17. INFORMANT'S SIGNATURE OR NAME Dorothy Jackson		ADDRESS California 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thyrotoxic Crisis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Exophthalmic Goiter DUE TO (c) Thyrotoxic Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 252.1				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION 1-15-49		19b. MAJOR FINDINGS OF OPERATION Ligature Right Superior Pole				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) A		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1949, to Jan 15, 1949, that I last saw the deceased alive on Jan 10, 1949, and that death occurred at 11:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. A. Crossman		(Degree or title) M.D.		23b. ADDRESS Jefferson City, Mo.		23c. DATE SIGNED Jan 15-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/18/49		24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) California Mo.	
DATE REC'D BY LOCAL REG. Jan 15-49		REGISTRAR'S SIGNATURE R. P. Davis		FURNERAL DIRECTOR'S SIGNATURE W. R. Hughes & Williams		ADDRESS California, Mo.	

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

RECEIVED  
District Health Officer No. 9,  
District No. 10,  
JAN 27 1949  
Date Filed

### 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 .....  
Student Embalmer

Signed Hugh E. Williams  
Licensed Embalmer No. 3537

P. O. Address California, 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 this body is not embalmed, fact should be so stated above.