

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1065

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. <u>1065</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>36 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>"Rural"</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>318 Kentucky Ave.,</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>		b. (Middle) <u>S</u>		c. (Last) <u>Jeffries</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3/7/49</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u>	8. DATE OF BIRTH <u>1856</u>	9. AGE (In years last birthday) <u>93</u>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Kearney, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>US</u>					
13a. FATHER'S NAME <u>William Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Lively</u>		14. NAME OF HUSBAND OR WIFE <u>Molly M. Jeffries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. B. Jeffries 318 Kentucky</u>	
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) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Toxemia of third degree burns Jan. 28, 1949</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9/10/19</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>504 Benton Blvd.,</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo. 123</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/28/49</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Went to sleep while smoking, burned bed</u>	
22. I hereby certify that I attended the deceased from <u>Feb. 1948</u> , to <u>Mar. 7, 1949</u> , that I last saw the deceased alive on <u>Mar. 7, 1949</u> , and that death occurred at <u>4:20 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Glenn W. Springer</u> (Degree or title) <u>Glenn W. Springer, D.O.</u>		23b. ADDRESS <u>5902 St. John Ave.</u> <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>3-7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Heraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John P. Sheil 6006 Indef. ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

John P. Stiel

Licensed Embalmer No. 3625

P. O. Address L. B. No.

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.