

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9352

State File No.

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY (RURAL) GRANBY</u>		c. LENGTH OF STAY (In this place) <u>LIFETIME</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>GRANBY (RURAL) GRANBY</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Calvin</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Jefferson</u>	(Month) <u>3</u>	(Day) <u>28</u>	(Year) <u>49</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>4-14-1868</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>17</u>	IF UNDER 1 HOUR Hours <u>1</u>	IF UNDER 15 MIN. Min. <u>1</u>
-----------------------	----------------------------------	--------------------------------------------------------------------------	--------------------------------------	----------------------------------------------	----------------------------------------	---------------------------------------	--------------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GRANBY MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--------------------------------------------------------------------------------------------------------------	-----------------------------------	---------------------------------------------------------------------	---------------------------------------------

13a. FATHER'S NAME <u>Charles Jefferson</u>	13b. MOTHER'S MAIDEN NAME <u>Louise Jefferson</u>	14. NAME OF HUSBAND OR WIFE <u>Hattie Jefferson</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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mayme Greer, Okla. City, Okla.</u>	ADDRESS <u>Okla. City, Okla.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Several years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>411X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	-------------------------------------------------	-------------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 several years, 19 , to Mar. 28, 1949, that I last saw the deceased alive on Mar. 26, 1949, and that death occurred at 120a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. R. Ralston M.D.</u>	23b. ADDRESS <u>Granby Mo</u>	23c. DATE SIGNED <u>3.29.49</u>
---------------------------------------------------------------	----------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-31-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEOSHO MO</u>
------------------------------------------------------------	-----------------------------	-----------------------------------------------------------------	-------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>March 30, 1949</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. C. Clever</u>	ADDRESS <u>Shrewsboro Granby Mo</u>
---------------------------------------------------	---------------------------------------------	---------------------------------------------------------	----------------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4873
000

RECEIVED

Newton C. Heath
District Health Officer No.

District File Number *549-62*

Date Filed *3-30-49*

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 *Paul D. Hebest*

Licensed Embalmer No. *4576*

P. O. Address *Cassville*

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.