No. 300
10.48

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11932

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5342 Registrar's No. 23

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

1. PLACE OF DEATH
a. COUNTY: Dade Rural
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Greenfield, Mo.
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile E. of So. Greenfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Dade 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): So. Greenfield, Mo. - Washington Twp.
d. STREET ADDRESS (If rural, give location): 1 mile E of So. Greenfield, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): A.
c. (Last): Jeffreys

4. DATE OF DEATH (Month) (Day) (Year): April 17-1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 3
8. DATE OF BIRTH: Sept 17-1875
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 7, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri O
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Henry Tye
13b. MOTHER'S MAIDEN NAME: Louisa Woodson
14. NAME OF HUSBAND OR WIFE: James Clinton Jeffreys

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Forrest Jeffreys - So. Greenfield, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of stomach

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

15 X

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1948, *to* 4-17, 1949, *that I last saw the deceased alive on* Feb 15th, 1949, *and that death occurred at* 4:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. O. Cowan M.D.
23b. ADDRESS: Greenfield Mo
23c. DATE SIGNED: 4-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: APR. 20-1949
24c. NAME OF CEMETERY OR CREMATORY: Greenfield Cemetery
24d. LOCATION (City, town, or county) (State): Greenfield, Mo.

DATE REC'D BY LOCAL REG.: 4-21-49
REGISTRAR'S SIGNATURE: Geo L. Weir 79 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: J. C. Canada Greenfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
Reference File Number 449-490
Date Filed 4-29-49

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 J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.