

FILED OCT 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31192

BIRTH NO. 66215-49 REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Newton			
b. CITY OR TOWN Granby		c. LENGTH OF STAY (in this place) 4 hrs		c. CITY OR TOWN Neosho 73			
d. FULL NAME OF HOSPITAL OR INSTITUTION Granby Community Hosp.		d. STREET ADDRESS (If rural, give location) 621 West Coker St. 2					
3. NAME OF DECEASED (Type or Print) Carol		a. (First) Jean		c. (Last) Jeffery			
4. DATE OF DEATH (Month) (Day) (Year) October 3 1949		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH October 3 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Mins. 2			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) U Granby, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Morvin R. Jeffery		13b. MOTHER'S MAIDEN NAME Betty Jo. Behnegar			
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Marvin Jeffery		ADDRESS Neosho					
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) Spina Bifida and ANTECEDENT CAUSES Meningocele Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Meningocele DUE TO (c) Congenital malformation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 751X	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None		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 10-3, 1949; to 10-3, 1949; that I last saw the deceased alive on 10-3, 1949, and that death occurred at 4:50 p.m., from the causes and on the date stated above.							
23a. SIGNATURE Melvin M. Cullough D.O.		(Degree or title)		23b. ADDRESS Sav. Bk. Bldg. Neosho		23c. DATE SIGNED 10-5-49	
24a. BURIAL, CREMATION, REINTERMENT (Specify) Burial		24b. DATE October 4-1949		24c. NAME OF CEMETERY OR CREMATORIUM Gibson Cem.		24d. LOCATION (City, town, or county) (State) Neosho, Missouri	
DATE RECD BY LOCAL REG. Oct 7-1949		REGISTRAR'S SIGNATURE M. L. Young		25. FUNERAL DIRECTOR'S SIGNATURE H. L. Kease		ADDRESS 307 East Main	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 1049-177
Date Filed OCT 13 1949

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

Infant was preserved by fluid pack
working under my personal supervision.

Student Embalmer No. _____

Signed _____

Rollie Kessel

Signed _____
Student Embalmer

Licensed Embalmer No. 4690

P. O. Address. 307 East main Y

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.