

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14057

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>63</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).			
a. COUNTY <u>Phelps</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Rolla</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Phelps</u>	
c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		d. STREET ADDRESS (If rural, give location) <u>601 E. 7th S t.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>							
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>James</u>		b. (Middle) <u>W.</u>	c. (Last) <u>Jeffries</u>		(Month) (Day) (Year) <u>April 28, 1950</u>	M <u>0</u>	W
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 3, 1879</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baptist Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William M. Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smallwood</u>		14. NAME OF HUSBAND OR WIFE <u>Alma Jeffries</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records</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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Haemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Old age</u>				<u>331X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION.				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 <u>Nov. 23, 19 49</u> to <u>April 28, 19 50</u> , that I last saw the deceased alive on <u>April 28, 19 50</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Widow McFarland M.D. - J. Rolla - MD</u>				23b. ADDRESS		23c. DATE SIGNED <u>4/28/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 30, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla, Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rolla, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-1-50</u>		REGISTRAR'S SIGNATURE <u>Nadine R. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Null</u>		ADDRESS <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 5-9-56

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 E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla

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.