S. No. 300
v. 10.48

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FILED JUL 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19572

BIRTH NO. _____ REG. DIST. NO. 3 PRIMARY REG. DIST. NO. 5177 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montreal Rural
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): Home R.F.D.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Montreal 0150
d. STREET ADDRESS (If rural, give location): Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First) Robert b. (Middle) Galin c. (Last) Jeffries

4. DATE OF DEATH (Month) June (Day) 26 (Year) 1950

5. SEX Male
6. COLOR OR RACE Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Oct 28-1948
9. AGE (In years last birthday) 1 — IF UNDER 1 YEAR Months 8 Days 28 — IF UNDER 24 HRS. Hours Min.

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): Montreal, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Alex Jeffries
13b. MOTHER'S MAIDEN NAME Adeline Green
14. NAME OF HUSBAND OR WIFE none

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 Adeline Green Jeffries, ADDRESS Montreal 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) Auto-truck crash — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.
DUE TO (b) Unavoidable accident — 30 minutes
DUE TO (c) Struck by moving truck — 6 [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. broken neck - Skull fracture — 25

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION 815 Twns.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) Montreal (Rural) Jackson Twns. (COUNTY) Camden (STATE) Mo
21d. TIME OF INJURY (Month) June (Day) 26 (Year) 1950 (Hour) 2:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? accidentaly struck by moving truck

22. *I hereby certify that I attended the deceased from* June 26, 1950, *to* _____, 19__, *that I last saw the deceased alive on* June 26, 1950, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Abbie Bankson Woolery Coroner
23b. ADDRESS Camdenton Mo
23c. DATE SIGNED June 27-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-28-50
24c. NAME OF CEMETERY OR CREMATORY Freedom
24d. LOCATION (City, town, or county) Camden Co (State) Mo

DATE REC'D BY LOCAL REG. July 7-1950
REGISTRAR'S SIGNATURE Zilpha Traw 42 1
25. FUNERAL DIRECTOR'S SIGNATURE Bankson-Woolery ADDRESS Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-1

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-11-52

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 Robert Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Condereen, 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.