

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30819

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 15th PRIMARY REG. DIST. NO. 2001 Registrar's No. 402

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 26 yrs		d. STREET ADDRESS (If rural, give location) 819 Murphy	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns			
3. NAME OF DECEASED (Type or Print) a. (First) Belva		b. (Middle) Jeffries	
c. (Last) Jeffries		4. DATE OF DEATH (Month) (Day) (Year) Sept. 11 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 12 1894
9. AGE (In years last birthday) 55		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Wm. Cooper		13b. MOTHER'S MAIDEN NAME Florence Gandy	
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.	
17. INFORMANT'S SIGNATURE OR NAME Jack R. Jeffries		ADDRESS 505 Porter	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH Not known	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES from Breast	
Morbid 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.			
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) (Min.)		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 Sept 1, 1950 , to Sept 12, 1950 , that I last saw the deceased alive on Sept 11, 1950 , and that death occurred at _____ (m), from the causes and on the date stated above.			
23a. SIGNATURE J. L. Cranzon M.D. (Degree or title)		23b. ADDRESS Joplin Mo	
23c. DATE SIGNED 9/12/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-12-50	
24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin Mo	
DATE REC'D BY LOCAL REG. 9-16-50		REGISTRAR'S SIGNATURE B. D. James / 38	
25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin Mo	

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

495
0

0495
0

170X

RECEIVED 9-19-50

Jasper County Health Office

County File Number 50-9-684

Date Filed 9-27-50

OCT 13 1951

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 *F. M. Jones* _____

Licensed Embalmer No. *2819* _____

P. O. Address *Joplin 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.