

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31174**

FILED SEP 28 1950

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

BIRTH NO. _____		REG. DIST. NO. 245		PRIMARY REG. DIST. NO. 3047		Registrar's No. 93	
1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY McDONALD			
b. CITY OR TOWN NEOSHO		c. LENGTH OF STAY (in this place) 20 Days		c. CITY OR TOWN LANAGAN		1	
d. FULL NAME OF HOSPITAL OR INSTITUTION SALES-MEMORIAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) WILLIAM EDWIN b. (Middle) JEFFERY c. (Last) JEFFERY			4. DATE OF DEATH (Month) (Day) (Year) 9-2-1950				
5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-20-1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 10 Days 12	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Mt. Olive, Ark.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Nettie Jeffery			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Nettie Jeffery		ADDRESS Lanagan, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver				ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) jaundice			
				DUE TO (c) Biliary Obstruction			
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. None			136A
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)		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)		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 July 14th , 1950, to Sept 2nd , 1950, that I last saw the deceased alive on Sept 2nd , 1950, and that death occurred at 9:45 A m., from the causes and on the date stated above.							
23a. SIGNATURE William C. Bowman M.D.				23b. ADDRESS Neosho, Mo		23c. DATE SIGNED Sept 14th 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-7-1950	24c. NAME OF CEMETERY OR CREMATORY Pinaville		24d. LOCATION (City, town, or county) (State) Pinaville, Mo.		
DATE RECD BY LOCAL REG. Sept 14, 1950		REGISTRAR'S SIGNATURE William C. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE H. W. Humphrey		ADDRESS Pinaville Mo	

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-208

Date Filed SEP 19 1954

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 Mayne E Humphrey

Licensed Embalmer No. 4262

P. O. Address Parisville, 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.