

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11616
Registrar's No. 161

FILED MAY 7 1951

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Williams Nursing Home 2520 S. 15th St.		d. STREET ADDRESS (If rural, give location) 2709 South 21st St.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jasper c. (Last) Jeffers			4. DATE OF DEATH (Month) (Day) (Year) April 26 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH February 6, 1865
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer	11. BIRTHPLACE (State or foreign country) Buchanan County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer		10b. KIND OF BUSINESS OR INDUSTRY farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Jeffers		13b. MOTHER'S MAIDEN NAME Elizabeth Miller	14. NAME OF HUSBAND OR WIFE Anna Jeffers
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 Mr. William Jeffers, 1603 Sycamore, St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic disease ANTECEDENT CAUSES Gen. Arteriosclerosis 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 Cerebral Hemorrhage Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/200	
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 10-23 , 19 <u>46</u> to 4-9 , 19 <u>51</u> , that I last saw the deceased alive on 4-9 , 19 <u>51</u> and that death occurred at 11:58 A. from the causes and on the date stated above.			
23a. SIGNATURE Carl C. Casper (Degree or title)		23b. ADDRESS 218 No 7, St. Joseph, Mo	
23c. DATE SIGNED 4-28-51		23d. LOCATION (City, town, or county). (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/28/51	
24c. NAME OF CEMETERY OR CREMATORY Ebenezer Cemetery		24d. LOCATION (City, town, or county). (State) Buchanan County, Missouri	
DATE REC'D BY LOCAL REG. April 30, 1951		REGISTRAR'S SIGNATURE Carl C. Casper	
25. FUNERAL DIRECTOR'S SIGNATURE Heston-Bowman Funeral Home, St. Joseph, Mo.		ADDRESS	

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

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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 W.E. Emmonson

Licensed Embalmer No. 4791

P. O. Address 319 6010 St. Anthony

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.