

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 11617

BIRTH NO. <u>6625-51</u>		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>436</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>)			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wayne Twsp.</u>		<u>011,0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Meth. Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 1, DeKalb, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>JACKIE</u>		a. (First)		b. (Middle)		c. (Last) <u>JEFFRIES</u>	
4. DATE OF DEATH (Month) <u>4</u> (Day) <u>20</u> (Year) <u>1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>3-1-1951</u>		9. AGE (in years last birthday) <u>1</u> Months <u>19</u> Days		10. USUAL OCCUPATION (Give kind of work when engaged in working life, even if retired) <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work when engaged in working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Buddie Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Robison</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Robison, DeKalb, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Meningitis type Undetermined</u> 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. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION <u>3403</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>15 Apr</u> , 19 <u>51</u> , to <u>20 Apr</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>20 Apr</u> , 19 <u>51</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>James Robison</u>		(Degree or title) <u>MO</u>		23b. ADDRESS <u>Tootle Building</u> <u>St. Joseph, Missouri</u>		23c. DATE SIGNED <u>4-20-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 21, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl E. Casper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.

P. O. Address.....

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.