

FILED MAY 8 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11983

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>115</u>	
1. PLACE OF DEATH a. COUNTY <u>Colo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson - City</u>		c. LENGTH OF STAY (In this place) <u>4 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Blaze</u>		d. STREET ADDRESS (If rural, give location) <u>1 mi. N. Brumley Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				3. NAME OF DECEASED a. (First) <u>William</u> b. (Middle) <u>Tolivar</u> c. (Last) <u>Jeffries</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 1902</u>	
9. AGE (In years last birthday) <u>48</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TREASURER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>of Miller Co</u>		11. BIRTHPLACE (State or foreign country) <u>Miller - Co - Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>MARTIN Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie HALE</u>		14. NAME OF HUSBAND OR WIFE <u>Florence - Jeffries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence - Jeffries</u>		ADDRESS <u>Brumley 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u> ANTECEDENT CAUSES 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. <u>Diabetes Mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>years 10</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>Jan 5, 1951</u> to <u>May 3, 1951</u> , that I last saw the deceased alive on <u>May 3, 1951</u> and that death occurred at <u>2:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm. A. Dwyler, M.D.</u> (Degree or title)				23b. ADDRESS <u>Jefferson - City - Mo</u>		23c. DATE SIGNED <u>5 MAY 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6 MAY 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HAWKINS -</u>		24d. LOCATION (City, town, or county) (State) <u>Miller - Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 5 - 1951</u>		REGISTRAR'S SIGNATURE <u>A.P. Harris MD - MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>		ADDRESS <u>Eldon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0264
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RECEIVED

DISTRICT HEALTH OFFICE No. 2

District File Number

Date Filled: 5-7-51

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.

Student Embalmer No.

Signed Student Embalmer

Signed Faith McKay Licensed Embalmer No. 3998

P. O. Address Eldon 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.