

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 23 1951

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5139 Registrar's No. 310

1. PLACE OF DEATH
 a. COUNTY **Butler**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Qulin, Coon Twp.**
 c. LENGTH OF STAY (in this place) **12 yr**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Route # 2**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE **Missouri** b. COUNTY **Butler**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Qulin, Big Island Twnship**
 d. STREET ADDRESS (If rural, give location) **Route # 2**

3. NAME OF DECEASED (Type or Print)
 a. (First) **Alpha** b. (Middle) **Bonia** c. (Last) **Jeffries**
 4. DATE OF DEATH (Month) **June** (Day) **27** (Year) **1951**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Nov. 23, 1893** 9. AGE (In years last birthday) **57** **7** MONTHS **4** DAYS IF UNDER 1 YEAR IF UNDER 24 HRS. **4** MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Miller Co., Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **R. F. Williams** 13b. MOTHER'S MAIDEN NAME **Mag Kendrick** 14. NAME OF HUSBAND OR WIFE **Glibert Jeffries**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Gilbert Jeffries** ADDRESS **Qulin, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Myocarditis, chronic.** INTERVAL BETWEEN ONSET AND DEATH **Unknown**
 ANTECEDENT CAUSES **Hypertension, Arterial** **Unknown**
 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 NO

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) **443X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **2-17, 1951**, to **6-27, 1951**, that I last saw the deceased alive on **5-29, 1951**, and that death occurred at **9:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **J. W. Tronda, MD** (Degree or title) 23b. ADDRESS **Poplar Bluff, Mo.** 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE _____ 24c. NAME OF CEMETERY OR CREMATORY **Marble Hill** 24d. LOCATION (City, town, or county) (State) **Butler Co., Mo.**

DATE REC'D BY LOCAL REG. **July 10-1951** REGISTRAR'S SIGNATURE **Wm. H. Johnson** 25. FUNERAL DIRECTOR'S SIGNATURE **Greer Croy & Fitch** ADDRESS **Poplar Bluff Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JUL 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 751-314

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 Walter N. Fitch.....

Signed.....
Student Embalmer

- Licensed Embalmer No. 3859.....

P. O. Address Poplar Bluff, 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.