

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30742**

FILED SEP 18 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY OR TOWN <u>Elsberry</u>		c. CITY OR TOWN <u>Elsberry, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>15 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>N. 2nd Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED  
(Type or Print) a. (First) Bernice b. (Middle) Joanna c. (Last) JEFFRIES

4. DATE OF DEATH (Month) (Day) (Year) Aug 10 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1 8. DATE OF BIRTH Dec. 16-1904 9. AGE (in years last birthday) 46 7 24

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glove Worker + Housewife 10b. KIND OF BUSINESS OR INDUSTRY Glove Mfg 11. BIRTHPLACE (State or foreign country) Missouri-Washington County 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Lemuel A. Bray 13b. MOTHER'S MAIDEN NAME Cassie Pinson 14. NAME OF HUSBAND OR WIFE Curtis Jeffries

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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Curtis Jeffries, Elsberry, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) CORONARY OCCLUSION INTERVAL BETWEEN ONSET AND DEATH 2 MO.

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.

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) \_\_\_\_\_

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 8/8, 1951, to 8/10, 1951, that I last saw the deceased alive on 8/9, 1951, and that death occurred at 7:00 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS M. W. D. ELSBERRY, MO 23c. DATE SIGNED 8/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Aug-13-1951 24c. NAME OF CEMETERY OR CREMATORY Elsberry Cemetery 24d. LOCATION (City, town, or county) (State) Elsberry Mo

DATE REC'D BY LOCAL REG. 9-8-1951 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Clifton Miller, Elsberry, Mo

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

0570

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

SEP 10 1951

RECEIVED

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 Aug 10-11

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifton Mills

Licensed Embalmer No. 3364

P. O. Address Elkhart, Ind

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.