

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34583

State File No. ....

FILED NOV 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 190

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rolla</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>1111 Lynwood</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1111 Lynwood</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MORRIS</b>	b. (Middle) <b>MORGAN</b>	c. (Last) <b>JEFFRIES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 7, 1901</b>	9. AGE (In years last birthday) <b>50</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Department Store</b>	11. BIRTHPLACE (State or foreign country) <b>Columbia, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Alonzo Jeffries</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth White</b>	14. NAME OF HUSBAND OR WIFE <b>Alta Mae Darnell Jeffries</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alta M. Jeffries</b>	ADDRESS <b>1111 Lynwood, Rolla, MO</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gunshot wound through skull.</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 <b>801</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>1111 Lynwood Dr. Rolla, Phelps, Mo.,</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hours) (Minutes) <b>Nov. 2, 1951 9:00 P.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>bullet wound through skull by 22 cal. high powered rifle.</b>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased Alive on Nov. 2, 1951, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <b>S. C. Miller</b> Coroner of Phelps County Mo.	23b. ADDRESS <b>Rolla, Missouri</b>	23c. DATE SIGNED <b>11/5/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Nov. 5, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bartlesville, Oklahoma</b>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <b>Nov. 5, 1951</b>	REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Rolla, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

MS  
FEB 18 1960

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

*R. Kenneth Patterson*

Licensed Embalmer No. *4697*

P. O. Address. *Rolla, 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.