

STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **230**

1. PLACE OF DEATH a. COUNTY <b>Adair</b> <b>0013</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Schuyler 0926</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Lancaster</b>	
c. LENGTH OF STAY (in this place) <b>4 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>(None)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Grim-Smith Memorial</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Carl</b>		b. (Middle)		c. (Last) <b>Jeffries</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 6 1951</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>16 June 1884</b>		9. AGE (In years last birthday) <b>67</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Form</b>		11. BIRTHPLACE (State or foreign country) <b>SCHUYLER Co. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>BL. J. JEFFRIES</b>		13b. MOTHER'S MAIDEN NAME <b>MARY FOGLESONG</b>		14. NAME OF HUSBAND OR WIFE <b>LOLA JEFFRIES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)? (If yes, give year or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lola Jeffries Lancaster, Mo</b>	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound, left chest</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 hours</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) <b>E976X</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <b>Pass (by) 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>Lancaster Schuyler MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>12 6 51 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Wound from 410 gauge shotgun in left chest at home in yard. No one present at time.</b>	

22. I hereby certify that I attended the deceased from **12/6**, 19**51**, to **12/6**, 19**51**, that I last saw the deceased alive on **12/6**, 19**51**, and that death occurred at **12:22** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>12/6/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>DEC 9, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ARNI MEMORIAL</b>		24d. LOCATION (City, town, or county) (State) <b>LANCASTER, MO</b>	
DATE REC'D BY LOCAL REG. <b>12-7-51</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ernest R. Head Lancaster Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: DEC 17 1951

DISTRICT HEALTH OFFICE #

District File Number 12-57

Date Filed:

DEC 18 1951

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: *Everett R. Head*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, Ma*

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.