

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300
10-48

FILED JAN 14 1952

REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 240

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 240	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 50 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1101 Jersey St				d. STREET ADDRESS (If rural, give location) 1101 Jersey St			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CORA	b. (Middle) MAE	c. (Last) JEFFORDS	(Month) Dec	(Day) 24,	(Year) 1951

5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 21	8. DATE OF BIRTH November, 1871	9. AGE (In years last birthday) 78 1/2	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) practical nurse	11. BIRTHPLACE (State or foreign country) Fayette City, Penn	12. CITIZEN OF WHAT COUNTRY? USA
------------------	---------------------------	--	------------------------------------	--	---	---	-------------------------------------

13a. FATHER'S NAME Joseph Brown	13b. MOTHER'S MAIDEN NAME Emaline Van Voorhes	14. NAME OF HUSBAND OR WIFE B. F. Jeffords
------------------------------------	--	---

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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. B.M. Allard	ADDRESS 1428 Olive, Carthage, Mo
--	---------------------------------	---	-------------------------------------

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 6 mo
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of liver		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 1561	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Nov 10, 1957, to Dec 24, 1957, that I last saw the deceased alive on Dec 23, 1957, and that death occurred at 1:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE George A. Wood	(Degree or title) MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 12-24-51
----------------------------------	-------------------------	------------------------------	------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12-27-1951	24c. NAME OF CEMETERY OR CREMATORY Peabody Cemetery	24d. LOCATION (City, town, or county) (State) Peabody, Kansas
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 12-24-51	REGISTRAR'S SIGNATURE L.B. Clenton, MD	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo	ADDRESS
--------------------------------------	---	--	---------

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

RECEIVED 1-3-52
Jasper County Health Office

County File Number 52/1/5 -----

Date Filed 1-3-52 -----

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 -----

Student Embalmer No. -----

working under my personal supervision.

Student
Student Embalmer

Signed Robert H. Kiell -----

Licensed Embalmer No. 4459 -----

P. O. Address Parthage -----

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.