

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10150

FILED APR 12 1952

State File No.

318

1003

2724

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|---|--|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. _____ | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____ | | 2169 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | |
| BARNES HOSPITAL | | | | 16 3116 Gurney Ave. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) _____ b. (Middle) _____ c. (Last) _____ | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | | | |
| Carrie M. Jeffrey | | | 3 21 52 | | | | | | |
| 5. SEX _____ | | 6. COLOR OR RACE _____ | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____ | | 8. DATE OF BIRTH _____ | | | |
| Female | | White | | Widow | | Aug. 12, 1884 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) _____ | | 12. CITIZEN OF WHAT COUNTRY? _____ | | | |
| Housework | | | | Huntingburg, Ind. | | | | | |
| 13a. FATHER'S NAME _____ | | | 13b. MOTHER'S MAIDEN NAME _____ | | | 14. NAME OF HUSBAND OR WIFE _____ | | | |
| William Wilkey | | | Nettie Cliff | | | Late Herbert L. Jeffrey | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____ | | | | |
| No | | | | | Neona Beauchamp 3116 Gurney Ave. | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____ | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | | | Myocardial Infarction | | | | 2 Weeks. | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES | | | | yrs | |
| | | | | DUE TO (b) Arterio-sclerotic Heart Disease | | | | | |
| | | | | DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | | Conditions contributing to the death but not related to the disease or condition causing death. _____ | | | | | |
| Bronchopneumonia | | | | | | | | | |
| 19a. DATE OF OPERATION _____ | | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR _____ | | | | H200 | |
| 22. I hereby certify that I attended the deceased from 3/15, 19 52, to 3/21, 19 52, that I last saw the deceased alive on 3/21, 19 52, and that death occurred at 11:15 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE _____ (Degree or title) _____ | | | | 23b. ADDRESS _____ | | 23c. DATE SIGNED _____ | | | |
| F. R. Bradley M.D. | | | | BARNES HOSPITAL | | 3/22/52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | | 24b. DATE _____ | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) _____ | | | |
| Removal (Rail) 3-23-1952 | | | | Huntingburg, Ind. | | | | | |
| DATE REC'D BY LOCAL REG. _____ | | REGISTRAR'S SIGNATURE _____ | | 25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____ | | | | | |
| MAR 24 1952 | | J. Carl Smith | | Kriegshauser 4228 S. Kingshighway Bl. | | | | | |

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

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 *Edwin A. W. Gernath* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.