

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41698**
Registral's No. **412**

FILED DEC 16 1952

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5172**

0140

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shamrock Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Shamrock Township	
c. LENGTH OF STAY (In this place) 20 yrs		0149	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 Martinsburg Mo		d. STREET ADDRESS (If rural, give location) Rural Route 1 Martinsburg	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Churchland	c. (Last) Jefferies	4. DATE OF DEATH (Month) (Day) (Year)
				Dec. 8 1952

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 5, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR	IF UNDER 24 HRS.
					Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (City and State or Foreign Country) Callaway County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Sandy Jefferies	13b. MOTHER'S MAIDEN NAME Ella Goff	14. NAME OF HUSBAND OR WIFE Ida Jefferies
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Ida Jefferies	ADDRESS Rt. 1 Martinsburg
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		
	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 unknown	19b. MAJOR FINDINGS OF OPERATION unknown	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 _____, 19____, and that death occurred at **7:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T. P. Garrett, Coroner	23b. ADDRESS Fulton, Callaway County Mo.	23c. DATE SIGNED Dec 9/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec, 11-1952	24c. NAME OF CEMETERY OR CREMATORY Augusta Cemetery	24d. LOCATION (City, town, or county) (State) Callaway County Mo.
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DATE REC'D BY LOCAL REG. Dec-13-1952	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Margie Funeral Home	ADDRESS Fulton Mo
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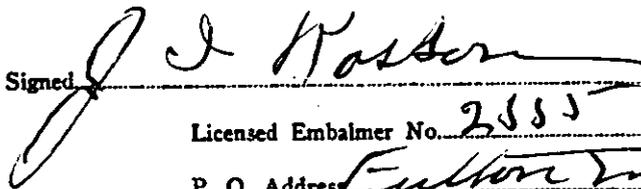
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2555

P. O. Address Fulton 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.