

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

 BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Chaffee</u> <u>1001</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 da</u>		d. STREET ADDRESS (If rural, give location) <u>224 W Davidson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wilkie</u> b. (Middle) <u>Edward</u> c. (Last) <u>Jeffries</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 13, 1953</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 18, 1891</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Conductor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Littleville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Edward Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Saphronia C. Sharp</u>		14. NAME OF HUSBAND OR WIFE <u>Cynthia M. Jeffries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>702-07-3873</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W E Jeffries</u> ADDRESS <u>224 W Davidson Chaffee Mo</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL FAILURE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>20 MIN.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS; NEPHROSIS</u>			4 YRS.	
		DUE TO (c) <u>PNEUMONIA</u>			2 DAYS	
		II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		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 APRIL 1951 to MAR 12, 1953 that I last saw the deceased alive on MAR 12, 1953, and that death occurred at 5:40 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>H. J. Morehead, D.O.</u> (Degree or title)			23b. ADDRESS <u>Chaffee, Mo.</u>			23c. DATE SIGNED <u>3-14-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-15-53</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>		
DATE REC'D BY LOCAL REG. <u>3-16-53</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bisplinghoff Funeral Home</u>		ADDRESS <u>Chaffee Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

 164
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FILED MAR 23 1953

APR 15 1958

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 Jack J. Burnett
Licensed Embalmer No. 4472
P. O. Address C. Haffee, Miss.

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.