

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18738

FILED MAY 27 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 3044 Registrar's No. 48

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MILLER</b>                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>MILLER</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>ELDON</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>ELDON</b>  |  |
| c. LENGTH OF STAY (In this place) <b>274RS</b>                                    |  | d. STREET ADDRESS (If rural, give location) <b>301-N-OAK</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301-N-OAK</b>                          |  |  |  |

|  |             |  |   |  |  |
|--|-------------|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) <b>CHARA-</b> |             |  | 4. DATE OF DEATH<br>(Month) (Day) (Year) <b>APRIL 27 1953</b> |  |  |
| a. (First)   | b. (Middle) |  | c. (Last) <b>Jeffries</b>                                     |  |  |

|  |                               |   |                                     |  |   |   |                           |                          |                           |                          |
|--|-------------------------------|---|-------------------------------------|--|---|---|---------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>24 Oct 1877</b> |  | 9. AGE (In years last birthday) <b>75</b> |   | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>At-Home</b>                      |                                     | 11. BIRTHPLACE (State or foreign country) <b>Versailles Mo</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |                           |                          |                           |                          |

|   |                         |  |   |  |  |
|---|-------------------------|--|---|--|--|
| 13. FATHER'S NAME <b>George Arnold</b>                            |                         | 13b. MOTHER'S MAIDEN NAME <b>Dorothy</b> |   | 14. NAME OF HUSBAND OR WIFE <b>John Jeffries</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | 16. SOCIAL SECURITY NO. |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |  |  |

|   |  |  |  |  |                                  |  |
|---|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>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) <b>Chronic myocarditis</b>   |  |  |  |  | <b>1 year</b>                    |  |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES  |  |  |  |                                  |  |
|   | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. |  |  |  |                                  |  |
|   | DUE TO (b) <b>Generalized arteriosclerosis</b>   |  |  |  | <b>7 years</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 <b>None</b>                | 19b. MAJOR FINDINGS OF OPERATION <b>None</b>   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b> | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b> |  |   |  |

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <b>None</b> |  |  |  |
|---|--|--|--|--|--|

22. I hereby certify that I attended the deceased from **Feb 15, 1946**, to **April 27, 1953**, that I last saw the deceased alive on **April 20, 1953**, and that death occurred at **7:50 P.M.**, from the causes and on the date stated above.

|   |                           |   |   |                                   |  |
|---|---------------------------|---|---|-----------------------------------|--|
| 23a. SIGNATURE <b>Keyson Latham</b> (Degree or title) <b>M.D.</b> |                           | 23b. ADDRESS <b>CALIFORNIA-MO</b>               |   | 23c. DATE SIGNED <b>30 APR 53</b> |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>           | 24b. DATE <b>1 MAY 53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>ELDON</b> | 24d. LOCATION (City, town, or county) (State) <b>ELDON MO</b> |                                   |  |

|   |  |   |                         |  |  |
|---|--|---|-------------------------|--|--|
| DATE REC'D BY LOCAL REG. <b>May 1, 53</b> | REGISTRAR'S SIGNATURE <b>Wilbernetta Watts</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Keith McKay</b> | ADDRESS <b>ELDON MO</b> |  |  |
|---|--|---|-------------------------|--|--|

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

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
DIVISION OF HEALTH  
1953

**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 Keith M. Kays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.