

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23958**

FILED AUG 10 1953

|   |                                  |  |   |  |   |
|---|----------------------------------|--|---|--|---|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <b>42</b>   | PRIMARY REG. DIST. NO. <b>1000</b>  | Registrar's No. _____  | <b>860</b>  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Buchanan</b>   |                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY<br><b>Buchanan</b> |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Joseph</b>  |                                  | c. LENGTH OF STAY (In this place)<br><b>most of life</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Joseph</b> <b>0117</b> |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>710 N. 5th St.</b>  |                                  |  | d. STREET ADDRESS (If rural, give location)<br><b>710 N. 5th St.</b>  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Clarence</b>   |                                  | a. (First)<br><b>Clarence</b>  | b. (Middle)<br><b>LeRoy</b>   | c. (Last)<br><b>Jefferies</b>  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>August 2, 1953</b>                   |
| 5. SEX<br><b>male</b> <b>0</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>   |   | 8. DATE OF BIRTH<br><b>March 11, 1898</b>  | 9. AGE (In years last birthday)<br><b>55</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Maintenance man</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Serum Company</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Saxton, Missouri</b> <b>0</b>                           |   |
| 13a. FATHER'S NAME<br><b>Samuel C. Jefferies</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Stevana Bedford</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Gladys Jefferies</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>703-01-39990</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Gladys Jefferies, 710 N. 5th, St. Joseph</b>                |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>accidental strangulation</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><b>acute alcoholism</b>  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><b>accident</b>   |                                  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>in car at home</b>  |   | 21c. (CITY, TOWN, OR TOWNSHIP) <b>31</b> (COUNTY) (STATE)<br><b>St. Joseph Buchanan Missouri</b>                 |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br><b>August 2, 1953 6:00 a.m.</b>  |                                  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?<br><b>while drunk head pushed down on chest</b>                                       |   |
| 22. I hereby certify that I <sup>viewed</sup> <del>examined</del> the deceased <sup>from</sup> <del>from</del> <b>August 2, 1953</b> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>6:00 a.m.</b> , from the causes and on the date stated above. |                                  |  |   |  |   |
| 23. SIGNATURE<br><b>H. W. Tadlock</b> (Degree or title)<br><b>facting corner</b>  |                                  |  | 23b. ADDRESS<br><b>703 S. 13th, St. Joseph, Mo.</b>   |  | 23c. DATE SIGNED<br><b>8/3/1953</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>burial</b>  |                                  | 24b. DATE<br><b>8/4/1953</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>  |   |
| 24d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b>  |                                  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Heaton Bowman General Home</b><br><b>St. Joseph, Mo.</b>  |   |  |   |
| DATE REC'D BY LOCAL REG.<br><b>Aug. 6, 1953</b>   |                                  | REGISTRAR'S SIGNATURE<br><b>Kathleen M. Allison</b>  |   |  |   |

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 William Spalding

Licensed Embalmer No. 4535

P. O. Address 319 5th St, St Joseph

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.