

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24515

State File No.

No. 300
10-48

FILED AUG 10 1953

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>719</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>HARRISON</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>HARRISON</u>	
c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Blythdale, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>		d. STREET ADDRESS <u>0410</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hosp + Clinic</u>				d. STREET ADDRESS <u>None</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>SARAH</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>JEFFERIES</u>	Month <u>Aug</u>	Day <u>2</u>	Year <u>1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 13, 1867</u>	9. AGE (In years last birthday) <u>86</u>	# UNDER 1 YEAR Months _____	# UNDER 1 YEAR Days _____	# UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Williston McBer</u>		13b. MOTHER'S MAIDEN NAME <u>Mahula Willis</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Jefferies (De)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nattie Jefferies, H.C., Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Hypostatic</u>				<u>5 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis -</u>				<u>5 yrs</u>	
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of rt humerus -</u>				<u>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Blythdale Harrison Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 24 53 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall on home.</u>			
22. I hereby certify that I attended the deceased from <u>7-27</u>, 19<u>53</u>, to <u>8-2</u>, 19<u>53</u>, that I last saw the deceased alive on <u>8-2</u>, 19<u>53</u>, and that death occurred at <u>5:00pm</u>, from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. R. Gray, M.D.</u>				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>8/4/53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Akron Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Akron, Harrison Co., Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Zola Burriss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold W. Roggen</u>			
				ADDRESS <u>Aggleville Mo</u>			

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

Gerald W. Boggs

Licensed Embalmer No.

4782

P. O. Address

Eagleville, 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.