

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

27509

State File No. _____

FILED JUL 16 1953

BIRTH NO. _____		REG. DIST. NO. <u>357</u>		PRIMARY REG. DIST. NO. <u>6218</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>			
b. CITY OR TOWN <u>Rural - Dovevalo twp.</u>		c. LENGTH OF STAY (In this place township) <u>9 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Dovevalo township</u>		1080	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>Estella</u>			b. (Middle) <u>Pearl</u>		c. (Last) <u>Jeffery</u>		4. DATE OF DEATH (Month) <u>July</u> (Day) <u>4</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>Married</u>		8. DATE OF BIRTH <u>Mar. 27, 1896</u>	
9. AGE (In years, last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Barbersville, Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Hiram Golden</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Jack Jeffery</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>520-07-6508</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Jeffery Sheldon Mo</u>		ADDRESS _____	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Colon</u> ANTECEDENT CAUSES <u>with Metastases to Liver & Small Intestine</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Descending Colon with Metastases to Liver</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Minute) _____	
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 <u>5-15</u> , 19 <u>53</u> , to <u>July 4</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Sheldon Mo</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Sheldon Mo</u>		23c. DATE SIGNED <u>7-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7-5-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rawlins Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Rawlins Wyo.</u>	
DATE REC'D BY LOCAL REG. <u>July 8 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs Ruth Faith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>S. Bernard Bury</u>		ADDRESS <u>Sheldon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *L. Bernard Burns*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4161*.....

P. O. Address *Sheldon, 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.