

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

**1752**

State File No. ....

No. 300  
10-48

**FILED JAN 27 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 13

<b>1. PLACE OF DEATH</b> a. COUNTY Jasper		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY <u>Dalbina</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Buffalo	
c. LENGTH OF STAY (In this place) 10 days		d. STREET ADDRESS (If rural, give location) ---	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) LULA	b. (Middle) BELLE	c. (Last) HINES JEFFRYES	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) Jan 20-1954
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<b>5. SEX</b> female	<b>6. COLOR OR RACE</b> white	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) married	<b>8. DATE OF BIRTH</b> Nov 29-1878	<b>9. AGE</b> (In years last birthday) 75	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 2 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) housewife	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> at home	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) Ray County, Missouri	<b>12. CITIZENSHIP OF WHAT COUNTRY?</b> USA
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<b>13a. FATHER'S NAME</b> James P. Price	<b>13b. MOTHER'S MAIDEN NAME</b> Sarah Bogard	<b>14. NAME OF HUSBAND OR WIFE</b> Robert E. Jeffryes
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<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) no	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) none	<b>17. INFORMANT'S SIGNATURE AND ADDRESS</b> Lois Graves, 425 Sycamore, Carthage, Mo
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Pneumonia, Bronchial</u>		<u>5 days</u>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage, Cerebral</u> DUE TO (c) <u>Diabetes Mellitus</u>		<u>10 days</u>
<b>11. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensitivy</u>		<u>20 yrs.</u>	

<b>19a. DATE OF OPERATION</b> None	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> Carthage, Mo
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Jan 10, 1954 to Jan 20, 1954, that I last saw the deceased alive on Jan 20, 1954, and that death occurred at 9:50p m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> George H. Wood (Degree or title) MD	<b>23b. ADDRESS</b> Carthage, Mo	<b>23c. DATE SIGNED</b> 1-21-54
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) burial	<b>24b. DATE</b> Jan 23-1954	<b>24c. NAME OF CEMETERY OR CREMATORY</b> Park Cemetery	<b>24d. LOCATION</b> (City, town, or county) (State) Carthage, Mo
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<b>DATE REC'D BY LOCAL REG.</b> 1-23-54	<b>REGISTRAR'S SIGNATURE</b> Lloyd B. Clinton MD	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> Knell Mortuary, Carthage, Mo	<b>ADDRESS</b>
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(Licensed Embalmer's Signature on Reverse Side)

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

RECEIVED JAN 26 1954

Jasper County Health Office

County File Number 54-1-76

Date Filed JAN 26 1954

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 Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.