

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8725
1376

State File No.

FILED APR 14 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 30 yrs		STREET ADDRESS (If rural, give location) 2829 Lister	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2829 Lister			

3. NAME OF DECEASED (Type or Print)	a. (First) ABRAM	b. (Middle) ZILLMAN	c. (Last) JEFFRESS	4. DATE OF DEATH (Month) (Day) (Year) 3 25 54
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3/12/1905	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business agent		10b. KIND OF BUSINESS OR INDUSTRY Local 587 (Taxi Dr)	11. BIRTHPLACE (City and State or Foreign Country) Meondon, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Asia Jeffress	13b. MOTHER'S MAIDEN NAME Clara Enyeart	14. NAME OF HUSBAND OR WIFE Dorothy Beeman Jeffress
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 495-03-2916	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmett Jeffress, Wichita, Kans.

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease chronic DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute alcoholism		4 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOXY? 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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 3-24, 1954, to 3-24, 1954, that I last saw the deceased alive on 3-24, 1954, and that death occurred at 1:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE David I. Elias M.D.	23b. ADDRESS 7000 Baltimore K.C. Mo.	23c. DATE SIGNED 3-25-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/28/54	24c. NAME OF CEMETERY OR CREMATORY Green Lawn
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		

DATE REC'D BY LOCAL REG. 3-27-54	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Sheil, K. C. Mo.
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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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 2362

P. O. Address H.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.