No. 300
10-48

FILED JAN 3 1955

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41713

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 390

0644

1. PLACE OF DEATH
a. COUNTY: MARION
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL
c. LENGTH OF STAY (in this place): 2 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2138 BROADWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: MARION
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANNIBAL 0644
d. STREET ADDRESS (If rural, give location): 2138 BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First): NETTIE
b. (Middle):
c. (Last): JEFFRIES

4. DATE OF DEATH (Month) (Day) (Year): 12-21-54

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MAY 24, 1884
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): NEW BERLIN, ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: WM. F. HAGEN
13b. MOTHER'S MAIDEN NAME: MARY ROESCH
14. NAME OF HUSBAND OR WIFE: WALTER H JEFFRIES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Rosella Greathouse — ADDRESS: Hannibal, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart Disease
DUE TO (c): Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1954, *to* 12-21, 1954 *that I last saw the deceased alive on* 12-20, 1954, *and that death occurred at* 1:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Roller M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: Dec 22/54

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 12-23-54
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM.
24d. LOCATION (City, town, or county) (State): HANNIBAL, MO.

DATE REC'D BY LOCAL REG.: 12-23-54
REGISTRAR'S SIGNATURE: Dr. E M Lucke By W C Fisher
25. FUNERAL DIRECTOR'S SIGNATURE: Joseph Clark — ADDRESS: Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 30 1954
MARION CO. HEALTH DEPT.
DATE FILED DEC 30 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 Ralph Clark

Licensed Embalmer No. 4217

P. O. Address Hannibal, 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.