

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43294**
6032

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 MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) 36 YEARS	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3936 BELL STREET		STREET ADDRESS (If rural, give location) 3936 BELL STREET 3708	

3. NAME OF DECEASED (Type or Print) MR WARREN DRUMMOND JEFFRIES		4. DATE OF DEATH (Month) (Day) (Year) DEC. 31-1954	
5. SEX ♂	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH (last birthday) DEC. 85 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED PROPRIETOR		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	11. BIRTHPLACE (City and State or Foreign Country) TEXAS
13a. FATHER'S NAME WARREN JEFFRIES		13b. MOTHER'S MAIDEN NAME PAULINE GRANGER	14. NAME OF HUSBAND OR WIFE MRS. FLORENCE JEFFRIES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME MRS. FLORENCE JEFFRIES	
		ADDRESS 3936 BELL ST. KANSAS CITY, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hr.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov**, 1954, to **Dec 31, 1954**, that I last saw the deceased alive on **15 Dec**, 1954, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE Sheldon	(Degree or title) MR.	23b. ADDRESS 2501 Bellwood Rd.	23c. DATE SIGNED Jan 55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 3-1955	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
DATE REC'D BY LOCAL REG. 1-1-55	REGISTRAR'S SIGNATURE neva marshall	25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer	
		ADDRESS 1331- BRUSH CREEK KANSAS CITY MO.	

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.....
Robert Ray

Licensed Embalmer No. 418

P. O. Address K C, N

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.