

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

959

FILED FEB 7 - 1955

State File No. ....

Registrar's No. 8

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022

1. PLACE OF DEATH  
a. COUNTY HARRISON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MO. b. COUNTY PUTNAM

b. CITY OR TOWN BETHANY

c. CITY OR TOWN RURAL - d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION SULLIVAN REST HOME

e. STREET ADDRESS (If rural, give location) WORTHINGTON, MO - RFD 1

3. NAME OF DECEASED  
a. (First) MATILDA b. (Middle) JANE c. (Last) JEFFRIES 4. DATE OF DEATH (Month) (Day) (Year) JAN 31 - 1955

5. SEX F 6. COLOR OR RACE W 7. MARRIED/NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH FEB 27 - 1859 9. AGE (In years last birthday) 95 11 4 7 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME WORK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City, and State or Foreign Country) BROWN CO. IND

12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME WILLIAM C. SPARKS

13b. MOTHER'S MAIDEN NAME MARANDA WHITTIER

14. NAME OF HUSBAND OR WIFE ANDREW J. JEFFRIES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give year or dates of service)

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Lewis Worthington 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 36 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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) 331 X

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 2/29, 1955, to Jan 31, 1955, that I last saw the deceased alive on Jan 30, 1955, and that death occurred at 2:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Merriam Leichert MD

23b. ADDRESS Bethany Mo.

23c. DATE SIGNED 1/31/55

24a. BURIAL CREMATION APPROVAL (Specify) B

24b. DATE Feb 2 - 1955

24c. NAME OF CEMETERY OR CREMATORY Lansum Cem

24d. LOCATION (City, town, or county) (State) Bethany Co Mo.

DATE REC'D BY LOCAL REG. 1-31-55

REGISTRAR'S SIGNATURE Zola Burris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J.O. Husted Hon. Knoxville 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.....  
*Murl E. Husted*

Licensed Embalmer No. *330*

P. O. Address *Unimulle*

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.