

FILED JAN 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1985

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>2052</u>		Registrar's No. <u>29</u>			
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PETTIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>42 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SEDALIA</u>		<u>0804</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp #2</u>				d. STREET ADDRESS (If rural, give location) <u>1409 N. OSAGE</u>					
3. NAME OF DECEASED (Type or Print) <u>WILLIAM GRANT JEFFERSON</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19 55</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>11-20-64</u>	
9. AGE (In years last birthday) <u>90</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILWAY EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MO PAC RAILROAD</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>SILAS JEFFERSON</u>			13b. MOTHER'S MAIDEN NAME <u>MARIE CRAIGHEAD</u>			14. NAME OF HUSBAND OR WIFE <u>MARGARET JEFFERSON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>100</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Jefferson</u>			ADDRESS <u>Sedalia</u>	
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignancy, probably stomach</u>				INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
				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. <u>Arteriosclerotic heart disease</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>						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) (Min.)		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 <u>25 Dec</u> , 19 <u>54</u> , to <u>19 Jan</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>16 Jan</u> , 19 <u>55</u> , and that death occurred at <u>1:30 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl O. Biegel, Jr.</u>				23b. ADDRESS <u>1216 W. 8th St. Sedalia, Mo.</u>		23c. DATE SIGNED <u>27 Jan 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis Mo</u>			
DATE REC'D BY LOCAL REG. <u>1-24-55</u>		REGISTRAR'S SIGNATURE <u>J. D. Ferguson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Ferguson</u>		ADDRESS <u>Sedalia, Mo</u>			

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

MAR 4 1955

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. D. Ferguson

Signed
Student Embalmer

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.