

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11331**

FILED APR 28 1955

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>119 Temple</u>		d. STREET ADDRESS (If rural, give location) <u>119 Temple</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>SALLIE</u>	b. (Middle) <u>ELIZABETH</u>	c. (Last) <u>JEFFRIES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 9 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 29 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ray County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Thomas C. Dickey</u>	13b. MOTHER'S MAIDEN NAME <u>Lucinda Morgan</u>	14. NAME OF HUSBAND OR WIFE <u>Francis M. Jeffries</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>#####</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raf Jeffries</u> ADDRESS <u>Excelsior Springs Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast - Metastatic</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>Arteriosclerosis</u>		Years <u>years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>170 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-18-43, 1943, to 4-7-55, 1955, that I last saw the deceased alive on 4-9, 1955, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Regina P. Robinson</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Excelsior Springs Missouri</u>	23c. DATE SIGNED <u>4/11/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 12-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4/13/55</u>	REGISTRAR'S SIGNATURE <u>Karoline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Home Funeral Home</u> ADDRESS <u>Excelsior Springs Mo.</u>
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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
Student Embalmer

Signed James A. Moles

Licensed Embalmer No. 3296

P. O. Address Excelsior Springs 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.