

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18732  
2406

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas city, Mo.</b>	
c. LENGTH OF STAY (In this place) <b>2 1/2 days</b>		d. STREET ADDRESS (If rural, give location) <b>No address given</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>KC JB Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Bob Miller</b> b. (Middle) _____ c. (Last) <b>JEFFUS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 3 1955</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D</b>	8. DATE OF BIRTH <b>Aug 11-1880</b>
9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>10</b> Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired) <b>unemployed</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Panama, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Jim Jeffus</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Benjamin</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes (do, or rank/no) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>494-14-5042</b>	17. INFORMANT'S SIGNATURE OR NAME <b>KC JB Hospital</b> ADDRESS <b>KC, Mo</b>	
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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b> ANTECEDENT CAUSES Morbidity 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <b>Aug 16, 1954</b> , to <b>JUNE 3, 1955</b> ; that I last saw the deceased alive on <b>JUNE 3, 1955</b> , and that death occurred at <b>5:00 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Edward P. Altomare</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>K. C. T. B. Hosp.</b>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>6-4-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Holesboro Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Halesboro Texas</b>
DATE REC'D BY LOCAL REG. <b>6-8-55</b>	REGISTRAR'S SIGNATURE <b>Reva Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b> ADDRESS <b>K.C. Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*B. E. Weirich*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4275*

P. O. Address..... *L.C.S. 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.