

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26248

State File No. _____

3546

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 KANSAS b. COUNTY Douglas

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY

c. LENGTH OF STAY (in this place) 54 days
c. CITY OR TOWN LAWRENCE

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL
e. STREET ADDRESS (If rural, give location) RR # 2 815 S

3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN b. (Middle) FRANKLIN c. (Last) JEFFRIES

4. DATE OF DEATH (Month) (Day) (Year) August 10, 1955

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH July 2, 1892

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Jr. High School

11. BIRTHPLACE (City and State or Foreign Country) LINN CREEK, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John P. Jeffries

13b. MOTHER'S MAIDEN NAME Rachel J. Jones

14. NAME OF HUSBAND OR WIFE -Beryle

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

16. SOCIAL SECURITY NO. 498 22 8318

17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hospital Official Records, K.C. Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH 1 week

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES DUE TO (b) Bronchogenic carcinoma
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) Infarction, right temporal lobe

9 Mos
3 1/2 Mos

II. OTHER SIGNIFICANT CONDITIONS cerebrum
Conditions contributing to the death but not related to the disease or condition causing death.

162X

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

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 June 17, 1955, to August 10, 1955, ~~and that death occurred on the date stated above.~~
VA and that death occurred at 8:15P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) GUIDO PODRECCA, M.D. Guido Podrecca

23b. ADDRESS VA Hospital, Kansas City, Mo.

23c. DATE SIGNED 8/11/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE August 11, 1955

24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery

24d. LOCATION (City, town, or county) (State) FAYETTE, MISSOURI

DATE REC'D BY LOCAL REG. 8-12-55

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS ADDRESS 1331 K.C. Mo. BRUSH CREEK BLVD

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 *Basil V. Honey*.....

Licensed Embalmer No *H. 72*.....

P. O. Address *K.C., 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.