

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26797

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5630 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give town) RURAL Lebanon T.S.	c. LENGTH OF STAY (In this place) 50 Yrs	c. CITY OR TOWN Rt. 2 Phillipsburg	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 2530
d. FULL NAME OF (If not in hospital or institution, give street address or location) Home		e. STREET ADDRESS (If rural, give location) 7 Miles West of Lebanon, Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) HATHAWAY	c. (Last) JEFFERY	4. DATE OF DEATH (Month) (Day) (Year) Aug. 25, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1870	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) New York State	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Jeffery	13b. MOTHER'S MAIDEN NAME Martha Carr	14. NAME OF HUSBAND OR WIFE Jennie Jeffery
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Jennie Jeffery Rt. 2 Phillipsburg,
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Cardiac Decompensation	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 522x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 **JAN 3 1950** to **Aug 25 1955** that I last saw the deceased alive on **Aug 25, 1955**, and that death occurred at **9:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE L. Bohrer (Degree or title) 2 D.O.	23b. ADDRESS LEBANON MO	23c. DATE SIGNED 8-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-28-55	24c. NAME OF CEMETERY OR CREMATORY White Oak Pond	24d. LOCATION (City, town, or county) (State) Laclede County Missouri
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DATE REC'D BY LOCAL REG. 8-26-1955	REGISTRAR'S SIGNATURE Hella L. May	424	25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS L. R. Palmer Lebanon
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 9-6-55

Laclede County Health Unit

File No. 136

Date Filed 9-6-55

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 Stanley R. Palm

Licensed Embalmer No. 48

P. O. Address Lebanon

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.