

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5344

FILED MAR 13 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY JASPER 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN c. LENGTH OF STAY (in this place) 7 1/2 HRS
c. CITY OR TOWN JOPLIN d. Is residence within limits of a city or incorporating town? Yes No

3d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST. JOHN'S HOSPITAL
e. STREET ADDRESS (If rural, give location) 119 OZARK AVENUE 0490

3. NAME OF DECEASED a. (First) CLAUDE b. (Middle) C. c. (Last) JEFFREYS 4. DATE OF DEATH (Month) (Day) (Year) FEB. 29, 1956

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH OCT. 11, 1884 9. AGE (In years last birthday) 71 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) RETIRED-CARPENTER 10b. KIND OF BUSINESS OR INDUSTRY BLDG & REPAIR 11. BIRTHPLACE (City and State or Foreign Country) SELIGMAN, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JOHN JEFFREYS 13b. MOTHER'S MAIDEN NAME MARY HART 14. NAME OF HUSBAND OR WIFE MRS. MILDRED JEFFREYS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MILDRED JEFFREYS, 119 OZARK AVE.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy
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.

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) 334x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 Feb 26, 1956 to Feb 29, 1956 that I last saw the deceased alive on Feb 29, 1956 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Joplin 23c. DATE SIGNED 3/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3-3-56 24c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION CEMETERY, CARL JUNCTION, MO. 24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. 3-7-56 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.

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

RECEIVED
Jasper County Health Office
County File Number 56-3-275
MAR 12 1956
date filed

MAY 1 1956

NOV 3 1956

MAR 1 7 1956

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 *F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address *Joplin*

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.