

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16923

State File No. _____

FILED JUN 15 1956

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST. CLAIR</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>HIGHWAY #40</u>		c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>SCOTT AIR FORCE BASE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 MI. HIGHWAY 40 S.W. WEST OF SWEET SPRINGS</u>			f. STREET ADDRESS (If rural, give location) <u>8120 8</u>		
3. NAME OF DECEASED a. (First) <u>LAWRENCE</u> b. (Middle) <u>B.</u> c. (Last) <u>JEFFRIES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1956</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>MAY 10, 1938</u>		9. AGE (In years last birthday) <u>18</u> 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) <u>U.S. AIR FORCE</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>UNKNOWN</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>ELEANOR ?</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>9-2655 ENLIST-49238-0789</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FROM PERSONAL RECORDS</u> ADDRESS		
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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
			ANTECEDENT CAUSES DUE TO (b) <u>Automobile Accident</u>		
			DUE TO (c) <u>Instantaneous</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident U. S. Highway #40</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway #40</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>54</u> (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 4 56 4a</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>Head-on collision about 1/2 mi. inside LaFayette County</u>		
22. I hereby certify that I attended the deceased from <u>Investigation</u> , to <u>10:00 P.M.</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10:00 P.M.</u> , 19 <u>56</u> , and that death occurred at <u>10:00 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>James L. Schmitt</u> (Degree or title) <u>Acting Coroner</u>			23b. ADDRESS <u>Lafayette County, Mo.</u>		23c. DATE SIGNED <u>6-4-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>REMOVAL TO WHITE MAN AIR FORCE BASE - KNOX - MOSTER, MISSOURI</u>		24d. LOCATION (City, town or county) (State)
DATE REC'D BY LOCAL REG. <u>June 8, 1956</u>		REGISTRAR'S SIGNATURE <u>Clayton N. Landrum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Parker - Sweet Springs, Mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 11 1956

APR 13 1956

APR 11 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *L. F. Parker*

Licensed Embalmer No. *389*

P. O. Address *Sweet sp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.