

FILED DEC 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40282**
Registrar's No. **88**

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **4482**

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Scotland | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scotland | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis | | c. CITY OR TOWN Memphis | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 50 yrs. | | e. STREET ADDRESS (If rural, give location) 0910 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

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|--|---------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Francis c. (Last) Jeffries | | | 4. DATE OF DEATH (Month) (Day) (Year) August 18, 1956 | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 20, 1862 | 9. AGE (In years last birthday) 93 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A |

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|--|--|--|
| 13a. FATHER'S NAME Simon Powell | 13b. MOTHER'S MAIDEN NAME Almeta King | 14. NAME OF HUSBAND OR WIFE J. M. Jeffries |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Blanche Jeffries ADDRESS Memphis Mo. |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH years |
| | 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 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) 4222 |
| 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? |

22. I hereby certify that I attended the deceased from **1948**, 19___, to **Aug 18, 1956** that I last saw the deceased alive on **Aug 17, 1956**, and that death occurred at **A** m., from the causes and on the date stated above.

| | | |
|---|----------------------------------|---|
| 23a. SIGNATURE (Degree or title) L. E. Lowe Doct | 23b. ADDRESS Memphis Mo | 23c. DATE SIGNED 10/18/56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE August 20, 1956 | 24c. NAME OF CEMETERY OR CREMATORY Memphis |
| | | 24d. LOCATION (City, town, or county) (State) Memphis Missouri |

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|---|---|---|
| DATE REC'D BY LOCAL REG. 12-5-56 | REGISTRAR'S SIGNATURE Vera G. Purman | 25. FUNERAL DIRECTOR'S SIGNATURE Gertrude Skellett ADDRESS Memphis Mo |
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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 *Albert C Gertz*

Licensed Embalmer No. *475*

P. O. Address *Memph*

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.