

STANDARD CERTIFICATE OF DEATH

FILED JAN 14 1957

STATE FILE NUMBER 5647

Registration District No. 149 Primary Registration District No. 1602 Registrar's No.

Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Robert C. Jeffries

1. PLACE OF DEATH a. COUNTY Jackson b. CITY Kansas City c. FULL NAME OF HOSPITAL OR INSTITUTION 2918 CHARLOTTE ST. Dora Nursing Home Length of stay in lb 10. M.D. 2. USUAL RESIDENCE a. STATE Kansas b. COUNTY Johnson c. CITY OR TOWN Kansas City d. STREET ADDRESS 9501 Belinder Road

3. NAME OF DECEASED MAYBELLE ANN JEFFRIES 4. DATE OF DEATH DEC. 26. 1956

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED WIDOWED 8. DATE OF BIRTH FEB. 21, 1899 9. AGE 77

10a. USUAL OCCUPATION AT HOME 100. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Richard Wagstaff 14. MOTHER'S MAIDEN NAME Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT DR. ROBERT C. JEFFRIES 8501 BELINDER ROAD LEAWOOD, KANSAS

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic respiratory failure. (b) Coronary Thrombosis. (c) Arteriosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. 20c. TIME OF INJURY 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-56 to 12-26-56 and last saw her alive on 12.26.56 Death occurred at 7:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert C. Jeffries M.D. 6714 Brookside Rd. 22b. ADDRESS 22c. DATE SIGNED 12-26-56

23a. BURIAL CREMATION REMOVAL (Specify) BURIAL 23b. DATE DEC. 28. 1956 23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY 23d. LOCATION (City, town, or county) LAWRENCE KANSAS

24. FUNERAL DIRECTOR D.W. Newcomer's Sons 25. DATE RECD. BY LOCAL REG. 12-28-56 26. REGISTRAR'S SIGNATURE Neva Marshall

NY 4-5-068

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.....
Frederic K. Brown

Licensed Embalmer No. 42

P. O. Address K @ V

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