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securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 9371

Registration District No. 206 Primary Registration District No. 2047 Registrar's No. 27

1. PLACE OF DEATH
a. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredericktown — Inside Limits Yes ☐ No ☒
c. FULL NAME OF (Hospital or other institution) HOSPITAL OR INSTITUTION St. Mary's Hosp Ironton, Mo. — Length of stay in 1b D.O.A.

Died enroute

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Madison
c. CITY OR TOWN Fredericktown 0621 0 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 401 East College — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle FRANK Last JEFFREY, JR.
4. DATE OF DEATH Month March Day 17 Year 1957
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0
8. DATE OF BIRTH Oct. 2, 1941
9. AGE (In years last birthday) 15
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) Student
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and state or country) Fredericktown, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Frank Jeffrey, Sr.
14. MOTHER'S MAIDEN NAME Mary Ann Bubinski
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Mr. J.E. Jeffrey, Sr. Address Fredericktown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured skull
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 8234
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 32
INTERVAL BETWEEN ONSET AND DEATH 15 Minutes
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Thrown out of auto when it hit tree
20c. TIME OF INJURY Hour 10:00 a.m. p.m. Month 3 Day 17 Year 57
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street
20f. CITY, TOWN, OR LOCATION Fredericktown 062 COUNTY Madison STATE Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on 3/17/57
Death occurred at 10:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE M Grossman (Degree or title) MD 0
22b. ADDRESS Fredericktown Mo
22c. DATE SIGNED 3/19/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3/21/57
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Fredericktown, Missouri

24. FUNERAL DIRECTOR Najim Funeral Home ADDRESS Fredericktown, Mo.
25. DATE RECD. BY LOCAL REG. 3-19-1957
26. REGISTRAR'S SIGNATURE Florence Hicks

(Licensed Embalmer's Statement on Reverse Side)

187-0

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
MAR 25 1957
FILE No. 35-7-24

APR 18 1958

STATEMENT BY LICENSED EMBALMER

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

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lawrence O. Gerling

Licensed Embalmer No. 4979

P. O. Address Frederickto

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