

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0117973

State File No.

FILED JUN 4 1957

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>AURORA-SPRINGS</u>		c. CITY OR TOWN <u>ELDON</u>	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) <u>25 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>AURORA-SPRINGS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AURORA-SPRINGS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY-</u> b. (Middle) <u>ELEAN-</u> c. (Last) <u>Jeffries</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-19-1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>13 April-1872</u>		9. AGE (in years) (Month) (Day) (Hour) (Min.) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Miller-Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>At-Home</u>		11. BIRTHPLACE	

13a. FATHER'S NAME <u>Wyntz - House</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte-Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Robert-C-Jeffries</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS-Joe-Tipton-</u> ADDRESS <u>ELDON Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		2 days	
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> 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 <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>NONE</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>NONE</u>	

22. I hereby certify that I attended the deceased from 4-17-, 1957, to 4-19-, 1957, that I last saw the deceased alive on 4-18-, 1957, and that death occurred at 5:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl Buehler J. M.D.</u>		23b. ADDRESS <u>ELDON Mo</u>		23c. DATE SIGNED <u>20 April 1957</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>WARRIAL</u>		24b. DATE <u>21 April-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dookey</u>	
24d. LOCATION (City, town, or county) (State) <u>Miller-Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Page</u>		ADDRESS <u>ELDON Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 20, 57</u>		REGISTRAR'S SIGNATURE <u>Walter M. Page</u>			

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

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RECEIVED

MAY 31 '57

Miller County
Health Department

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 *Keith McKays*
Licensed Embalmer No. *3998*

P. O. Address *Eldon Mo*

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.