

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2312

STATE FILE NUMBER

FILED FEB 5 1958

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 8

|  |                                  |  |  |   |  |  |  |
|--|----------------------------------|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Phelps</b>   |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Rural Dillon</b>  |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  | c. CITY OR TOWN <b>Rural Dillon Twp</b>   |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>None</b>   |                                  |  | Length of stay in lb   |   |  | d. STREET ADDRESS (If outside, give location)<br><b>Reside on Farm</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br><b>First Minnie Middle Belle Last Jeffers</b>   |                                  |  |  | 4. DATE OF DEATH<br><b>Month Jan Day 23, Year 1958</b>  |  |  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br><b>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></b> |  | 8. DATE OF BIRTH<br><b>Nov 11, 1864</b>   |  | 9. AGE (In years last birthday)<br><b>93</b>   | 10. IF UNDER 1 YEAR<br>Months <b>2</b> Days <b>12</b> Hours <b>12</b> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Michigan</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |  |
| 13. FATHER'S NAME<br><b>Charles Clark</b>  |                                  |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Cendler Chandler</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No No</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>No</b>   |  | 17. INFORMANT Address<br><b>Josephine Matlock, St. James, Mo.</b>   |  |  |  |
| 18. CAUSE OF DEATH [Enter only on cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cardio-vascular Rupture</b><br>DUE TO (b) <b>Arteriosclerosis</b><br>DUE TO (c) <b>Hypertension</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><b>Fracture of left hip</b> |                                  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 2</b><br><b>2 2</b>   |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |  |  |
| 20c. TIME OF INJURY<br>Hour <input type="checkbox"/> Month, Day, Year<br>a. m. p. m.   |                                  |  |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)  |  | 20f. CITY, TOWN, OR LOCATION<br><b>442XF</b>  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                  |  |
| 21. I attended the deceased from <b>7-22-54</b> to <b>1-23-58</b> and last saw her alive on <b>1-15-58</b> .<br>Death occurred at <b>1000am</b> on the date stated above; and to the best of my knowledge, from the causes stated.   |                                  |  |  |   |  |  |  |
| 22. SIGNATURE (Degree or title)<br><b>Ruth B. Powell M.D.</b>  |                                  |  |  |   |  | 22b. ADDRESS<br><b>St. James, Mo.</b>  |  |
| 22c. DATE SIGNED<br><b>1-25-58</b>   |                                  |  |  |   |  |  |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |                                  | 23b. DATE<br><b>Jan 25, 1958</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Dillon Cemetery</b>                                 |   | 23d. LOCATION (City, town, or county) (State)<br><b>Maries Co, Mo.</b> |  |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Jesse Gahr, St. James, Mo.</b>  |                                  |  |  | 25. DATE RECD. BY LOCAL REG.<br><b>1-27-58</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth B. Powell</b>   |  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Date Filed 2-3-58  
County File Number 967  
Phone County Health Officer

**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 C. Jesse Gahr

Licensed Embalmer No. 44

P. O. Address St. Jan

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.