

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-004217
STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		c. CITY OR TOWN Kirksville	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Osteopath-2 mo.		d. STREET ADDRESS (If outside, give location) 703 South Fifth St.	
3. NAME OF DECEASED (Type or print) First CLARENCE Middle A. Last SEFRIT		4. DATE OF DEATH Month Feb. Day 23 Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 28, 1903
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Utility, Mo. Power & Light Company		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
11. BIRTHPLACE (City and state or country) Adair County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME James H. Sefrit		14. MOTHER'S MAIDEN NAME Jennie Barrett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-14-8565	
17. INFORMANT Grace Sefrit		Address Kirksville, Missouri	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Paralysis (Increased Intra-cranial Pressure)			INTERVAL BETWEEN ONSET AND DEATH Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Multiple Metastatic Brain Tumors			Months
DUE TO (c) Bronchiogenic Carcinoma			Months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) 1621
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 12-16-57 to 2-22-58 and last saw him alive on 2-22-58 Death occurred at 1:05 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Lytle R. Parton, M.D.		22b. ADDRESS 105 1/2 W. Washington Kirksville, Mo.	
22c. DATE SIGNED 2-22-58			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 24, 1958	23c. NAME OF CEMETERY OR CREMATORY Highland Park Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Missouri
24. FUNERAL DIRECTOR Davis & Davis		ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 2-25-58
		26. REGISTRAR'S SIGNATURE Doris W. Raloff	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 7 1958

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 *Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Kirkville

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.