

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024939

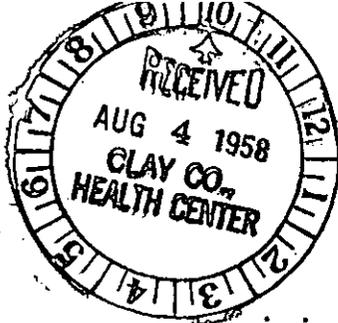
State File No.

FILED AUG 11 1958

BIRTH NO.		REG. DIST. NO. <u>73</u>		PRIMARY REG. DIST. NO. <u>5291</u>		Registrar's No. <u>102</u>	
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Liberty</u>)		c. LENGTH OF STAY (In this place township) <u>12/8/57</u>		c. CITY OR TOWN <u>Excelsior Springs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital</u>				f. STREET ADDRESS (If rural, give location) <u>R.F.D. I</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u>		b. (Middle) <u>M.</u>		c. (Last) <u>Jeffries</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 14, 1958</u>	
5. SEX <u>Male</u> <input type="radio"/>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 2, 1871</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Concrete, Contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Madison Jeffries</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Ann Casey</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie E. Jeffries, Deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dempster Jeffries, R.F.D. I, Ex. 3 Spgs</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 or 2 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4500</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1957</u> , to <u>July 14, 1958</u> that I last saw the deceased alive on <u>July 10</u> and that death occurred at <u>2:30 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. H. Goodson MD</u>				23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>7/14/58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1958</u>		24c. NAME OF CEMETERY OR CREMATORIA <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ex. Spgs Clay, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-28-58</u>		REGISTRAR'S SIGNATURE <u>Mabel Graham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home, Wingel Hope</u>		ADDRESS <u>Ex. Spgs, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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



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 *Chas. Virgil Hope*.....

Licensed Embalmer No. *3950*

P. O. Address *Excelsior*

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.