

Health,  
, & Welfare  
S. Public  
th Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039732  
STATE FILE NUMBER

FILED DEC 1 1958 Registration District No. 40 Primary Registration District No. 3024 Registrar's No. 103

S. 300  
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fayette</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Boonville</u> 0270
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lee Hospital</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>R. F. D. #3</u>
3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Ruth</u> Last <u>Jeffress</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>6</u> Year <u>1958</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>3/20/1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switch board oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u>	9. AGE (In years last birthday) <u>64</u>
11. BIRTHPLACE (City and state or county) <u>Boonville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>R. H. Jeffress</u>		13b. MOTHER'S MAIDEN NAME <u>Sophie Baker</u>	14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>49307 5652</u>	17. INFORMANT <u>Mrs. Emil Stein</u> Address <u>Boonville, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation</u> DUE TO (b) <u>Renal disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u> <u>2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)		20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ 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		COUNTY STATE	
21. I attended the deceased from <u>Oct. 1957</u> to <u>Nov. 6-1958</u> and last saw her alive on <u>Nov. 6-1958</u> Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Mary G. Shaw M.D.</u> (Degree or title)		22b. ADDRESS <u>Fayette Mo</u>	
22c. DATE SIGNED <u>11-8-58</u>		22d. PLACE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11/8/58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Pilot Grove, Missouri</u>	
24. FUNERAL DIRECTOR <u>Goodman &amp; Boller</u> Address <u>Boonville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-6-58</u>	
26. REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>			

MAR 23 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 *William W Wood* .....

Licensed Embalmer No. *4539* .....

P. O. Address *Boonville, 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.