

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040351
State File No.

FILED NOV 20 1958

REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5572 Registrar's No. 253

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit-Probie		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2- yrs		e. STREET ADDRESS (If rural, give location) 3408 3006 Euclid	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Lula	b. (Middle) Jackson	c. (Last) Jefferson	4. DATE OF DEATH (Month) (Day) (Year) November 14, 1958
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 16, 1880	9. AGE (In years last birthday) 78 yrs	IF UNDER 1 YEAR Month <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hour <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and State or Foreign Country) Greenville, N. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Washington Jackson	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Robert Jefferson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucille Jefferson	ADDRESS K.C. Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) -----		INTERVAL BETWEEN ONSET AND DEATH
	2. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ----- DUE TO (c) -----		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental P.			9047 45

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 700	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Self	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jackson Co. Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jesse Springs Jackson Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-10-58 40 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall
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22. I hereby certify that I attended the deceased from **9-24**, 1958, to **Nov. 13**, 1958 that I last saw the deceased alive on **Nov 13, 1958**, and that death occurred at **6 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE S. H. Griffie M.D.	23b. ADDRESS Rt. 1 Lee's Summit Rd	23c. DATE SIGNED 11-17-58
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/18/58	24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 11-17-58	REGISTRAR'S SIGNATURE M. B. Longford	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. Meek's Mortuary	ADDRESS K. C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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 *Millard B. Parker*.....

Licensed Embalmer No. *501*.....

P. O. Address *15 C. W.*.....

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.