

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006438

FILED MAR 11 1959

Registration District No. 217 Primary Registration District No. 5787 STATE FILE NUMBER Registrar's No. 25

800
-57

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miss.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Charleston		c. CITY OR TOWN Charleston	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Route 1		d. STREET ADDRESS (If outside, give location) Route 1, Box 125	
Length of stay in 1b life		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Alfred Middle James Last Jefferson			4. DATE OF DEATH Month March Day 1 Year 1959		
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5. SEX Male <u>2</u>	6. COLOR OR RACE Col.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> Baby DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1958	9. AGE (In years last birthday) none	IF UNDER 1 YEAR Months 3 Days 13	IF UNDER 24 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Charleston, Missouri C	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME R. D. Jefferson	13b. MOTHER'S MAIDEN NAME Marjorie Ingram	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. -----	17. INFORMANT R. D. Jefferson, R.1, Box 125, Charleston, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronch pneumonia		INTERVAL BETWEEN ONSET AND DEATH S.K.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 491X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Charleston	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from at 9:30 AM on 3/1/59 and last saw ^{her} _{him} alive on 3/1/59 Death occurred at 11:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE E. Charles Ralveny M.D., C.	(Degree or title)	22b. ADDRESS Charleston Mo	22c. DATE SIGNED 3/3/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 2, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) Charleston, Missouri
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24. FUNERAL DIRECTOR L.R. Sparks	ADDRESS Charleston, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 6, 1959	26. REGISTRAR'S SIGNATURE Donatley B. Hathorn
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Date

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 *Edward N. Puffer*

Licensed Embalmer No. 5022
P. O. Address Charleston, 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.