

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022396

FILED JUL 15 1959 Registration District No. 275 Primary Registration District No. 3053 STATE FILE NUMBER 114 Registrar's No.

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Phelps</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rolla</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Rural</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location), HOSPITAL OR INSTITUTION <i>Phelps Memorial</i>		Length of stay in lb <i>2 Days</i>	d. STREET ADDRESS <i>3 Mi. No. of Newburg</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>John</i> Middle <i>Martin</i> Last <i>Jeffries</i>			4. DATE OF DEATH Month <i>July</i> Day <i>7</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 21-1883</i>	9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months <i>8</i> Days <i>16</i>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <i>Lab</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Ret.</i>	11. BIRTHPLACE (City and state or country) <i>House Springs Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>US</i>
13a. FATHER'S NAME <i>Isaac Jeffries</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Elva J Lindsey Jeffries</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>498-09-6998</i>	17. INFORMANT Name <i>Nellie Winfrey</i> Address <i>Rt 2 Rolla Mo</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> DUE TO (b) <i>Arteriosclerosis + Hypertension</i> DUE TO (c) <i>Senility</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <i>72 hours</i> <i>2 or 3 yrs</i>
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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____					
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 <i>July 5</i> to <i>July 7</i> and last saw her alive on <i>July 7, 1959</i> Death occurred at <i>12:15 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard E Myer</i>		(Degree or title) <i>2</i>		22b. ADDRESS <i>Newburg, Mo</i>	22c. DATE SIGNED <i>July 8, 59</i>
23a. BURIAL, OCCURTION, REMOVAL (Specify)	23b. DATE <i>July 9, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Roach</i>		23d. LOCATION (City, town, or country) <i>Newburg</i>	(State) <i>Mo</i>
24. FUNERAL DIRECTOR <i>Lee Johnson</i>		ADDRESS <i>Newburg Mo</i>	25. DATE RECD. BY LOCAL REG. <i>July 8, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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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 Lee Staubun*

Licensed Embalmer No. *5043*

P. O. Address *Neuburg, 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.

Date Filed