

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027844

FILED VS. JUL 29 1959/0 Primary Registration District No. 4503 Registrar's No. 70

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bernie</b>		Length of stay in 1b <b>1 year</b>		c. CITY OR TOWN <b>Bernie</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Family home</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Southwest part of Bernie</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>North</b> Middle <b>Clyde</b> Last <b>Jeffress</b>			4. DATE OF DEATH Month <b>July</b> Day <b>14</b> Year <b>1959</b>				
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-22-1889</b>	9. AGE (last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Manager Cotton Gins</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cotton Industry</b>		11. BIRTHPLACE (City and state or country) <b>Rector, Ark.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>E.S. Jeffress</b>			13b. MOTHER'S MAIDEN NAME <b>Mary Aaline Jeffress</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Iva Jeffress</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>498-09-5638</b>	17. INFORMANT Address <b>Mrs. Iva Jeffress Bernie, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Leukemia</b> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year							
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		COUNTY	STATE
21. I attended the deceased from <b>July 13, 1959 only</b> to <b>July 13, 1959</b> and last saw him alive on <b>July 13, 1959</b> Death occurred at <b>4:35 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased or title) <b>F O Kelly DO</b>				22b. ADDRESS <b>Bernie, Mo.</b>		22c. DATE SIGNED <b>7-20-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>7-18-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Bernie Cemetery</b>		23d. LOCATION (City, town, or county) <b>Bernie, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Marrie Rainey funeral home Bernie, Mo.</b>			ADDRESS	25. DATE RECD. BY LOCAL REG. <b>7-21-59</b>	26. REGISTRAR'S SIGNATURE <b>Velma V Jenkins</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Raymond L. Duffer

Licensed Embalmer No. 4798

P. O. Address Berme;

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.