

UNITED STATES DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH
 FILED VS JAN 19 1960

=60-002297

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		c. CITY OR TOWN Lebanon	
Length of stay in 1b 50 Yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Long Nursing Home		d. STREET ADDRESS (If outside, give location) 175 Merton Rd.	
3. NAME OF DECEASED (Type or print) First John Middle W. Last Jeffries		4. DATE OF DEATH Month Jan. Day 12 Year 1960	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/16/67
9. AGE (last birthday) 92		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister Ret.		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Camden Co. Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Hansford Jeffries	
13b. MOTHER'S MAIDEN NAME Susan Kerkendahl		14. NAME OF HUSBAND OR WIFE Minnie Jeffries	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. —	
17. INFORMANT T. V. Jeffries Lebanon Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart dis.			10 yrs.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic gangrene \pm amp. left leg, 1957			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 6-27-49 to 1-12-60 and last saw ^{her} him alive on 1-10-60 Death occurred at 8.30 A.m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B B Hurst, M.D.		22b. ADDRESS Lebanon Mo.	22c. DATE SIGNED 1-12-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/14/60	23c. NAME OF CEMETERY OR CREMATORY Lebanon City	23d. LOCATION (City, town, or county) (State) Lebanon Mo.
24. FUNERAL DIRECTOR ADDRESS S P Palmer Lebanon Mo		25. DATE RECD. BY LOCAL REG. 1-12-1960	26. REGISTRAR'S SIGNATURE Hella L. May

ENDED

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed S. P. Palmer

Licensed Embalmer No. 2207

P. O. Address Sharon

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.