

# FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-005012

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 40

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salt River Township</u> Length of stay in 1b c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>In ambulance in route to hospital</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u> c. CITY OR TOWN <u>Ladonia</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Ladonia, Missouri</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Price Henry Jeffries</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>2-13-1960</u>				
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-4-1903</u>	<b>9. AGE (last birthday)</b> <u>58</u>	IF UNDER 1 YEAR Months Days Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Superintendent</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Brick Factory</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Pike County, Mo.</u>			
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>Charles Henry Jeffries</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Cassidy</u>			
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Ethel Irene Jeffries</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>497-07-1205</u>			
<b>17. INFORMANT</b> <u>Mrs. Price Jeffries Ladonia, Mo.</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Failure</u> DUE TO (b) <u>Massive cerebral hemorrhage</u> DUE TO (c) <u>Balanced arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>3 hr.</u> <u>3 hr.</u> <u>7 yr.</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>				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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)					
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY STATE</b>			
<b>21. I attended the deceased from</b> <u>Mar. 12, 1958</u> <b>to</b> <u>Feb. 13, 1960</u> <b>and last saw him alive on</b> <u>Feb. 13, 1960</u> Death occurred at <u>6:30</u> <b>p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>P. W. Lindsay D.O.</u>			<b>22b. ADDRESS</b> <u>Ladonia, Missouri</u>		<b>22c. DATE SIGNED</b> <u>2-16-'60</u>		
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>2-16-1960</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Ladonia Cemetery</u>		<b>23d. LOCATION (City, town, or county)</b> (State) <u>Ladonia, Missouri</u>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Wilbur Bienhoff Ladonia, Mo.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>Feb 16 1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Blanche Neely</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 25 1980

**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 Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.