

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013736
STATE FILE NUMBER

XO#1718250 R# A1247

REGISTRATION DISTRICT NO. **317** PRIMARY REGISTRATION DISTRICT NO. **500** REGISTRAR'S NO. **955**

FILED VS MAR 30 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MILLER	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS	Length of stay in 1b 5 DAYS	c. CITY OR TOWN BRUMLEY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		d. STREET ADDRESS (if outside, give location) NONE	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CLARENCE Middle JEFFRIES Last JEFFRIES			4. DATE OF DEATH Month MARCH Day 15 Year 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-3-1896	9. AGE (last birthday) 63	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) LABORER		10b. KIND OF BUSINESS OR INDUSTRY ANY-KIND	11. BIRTHPLACE (City and state or country) BRUMLEY, MO.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME THEO E. JEFFRIES		13b. MOTHER'S MAIDEN NAME IDA JONES		14. NAME OF HUSBAND OR WIFE (Deceased) OKAL FAY JEFFRIES		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 486-18-0628	17. INFORMANT Address LOIS PATERSON, (D), ULMAN, MISSOURI			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH UNDETERMINED
IMMEDIATE CAUSE (a) DIABETES MELLITUS		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ACUTE PYELONEPHRITIS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS		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 checked="" type="checkbox"/> NO <input 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 3-10-60		
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.) VA	20f. CITY, TOWN, OR LOCATION 3-15-60	COUNTY Miller Co STATE MO
21. I attended the deceased from 3-10-60 , to 3-15-60 Death occurred at 5:55 AM on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) W. Oppler, Director Professional Services VAH Jefferson Barracks, MO.		22b. ADDRESS Ulmans, Mo Miller Co	22c. DATE SIGNED 3-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3-17-60	23c. NAME OF CEMETERY OR CREMATORY Gott	23d. LOCATION (City, town, or county) Ulmans, Mo Miller Co
24. FUNERAL DIRECTOR Rudger Funeral Home Inc		25. DATE RECD. BY LOCAL REG. MAR 21 1960	26. REGISTRAR'S SIGNATURE W. Oppler

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

WS MAR 30 1900

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 Clarence Pross

Licensed Embalmer No. 4896

P. O. Address Waynesville

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.