

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4543-60-034831
STATE FILE NUMBER

FILED VS. SEP 20 1960 149

Primary Registration District No. 1002 Registrar's No.

UNDECEASED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 13 YEARS		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3308 EAST 60th STREET			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3308 EAST 60th ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Orville C. Jefferies				4. DATE OF DEATH Month Day Year SEPTEMBER 4, 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 4/3/1910	9. AGE (last birthday) 50 yrs.		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY SNIPLEY SADDLE Co.		11. BIRTHPLACE (City and state or country) BEDFORD, IOWA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES C. JEFFERIES			13b. MOTHER'S MAIDEN NAME EFFIE LARISON			14. NAME OF HUSBAND OR WIFE MRS. AUDREY JEFFERIES 3308 E. 60th St.		
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. 478-05-0295		17. INFORMANT MRS. AUDREY JEFFERIES		Address 3308 EAST 60 ST. KANSAS CITY Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarct DUE TO (c) Arteriosclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 1/2 hour unk.	
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"/> N. <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input 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		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 20 Aug. 60 to 4 Sept 60 and last saw him alive on 3 Sept. 60 Death occurred at 4 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) William R. Doherty, MD				22b. ADDRESS 2108 W. 75 KC 15, Mo			22c. DATE SIGNED 5 Sept 60	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE SEPT. 6, 1960	23c. NAME OF CEMETERY OR CREMATORY BEDFORD CEMETERY		23d. LOCATION (City, town, or county) BEDFORD, IOWA			(State)
24. FUNERAL DIRECTOR D.V. NEWCOMER'S SONS 1331 BRUSH CREEK BLVD.				25. DATE RECD. BY LOCAL REG. 9-6-60		26. REGISTRAR'S SIGNATURE H.L. Dwyer		

DOCUMENT

BY AFFIDAVIT OF William R. Doherty, M.D. MEDICAL CERTIFICATION

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 Vern Lawler

Licensed Embalmer No. 4913

P. O. Address KG 2nd

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.