

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007938

AMENDED

Registration District No. 387 Primary Registration District No. 4085 Registrar's No. 3

STATE FILE NUMBER

FILED APR 3 1961

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hale, Hurricane Twp		c. CITY OR TOWN Hale, Mo.	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home N. Main		d. STREET ADDRESS (If outside, give location) Home N. Main	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MINTA Middle ANN Last JEFFRIES			4. DATE OF DEATH Month March Day 19 Year 1961		
5. SEX F	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 July 2, 1888.	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months 8 Days 17
				IF UNDER 24 HR Hours Min. 	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper. Tax collector.	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hale, Missouri	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME Joseph Hininger	13b. MOTHER'S MAIDEN NAME Josie McDaniel	14. NAME OF HUSBAND OR WIFE Gilbert Jeffries,
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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. None	17. INFORMANT Address Miss Angie Hininger, Hale, Mo.
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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
IMMEDIATE CAUSE (a)	Emia	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) advanced Arteriosclerotic Nephrosclerosis	
	DUE TO (c) Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) malnutrition	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
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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.)
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20c. TIME OF INJURY Hour 6:45 a.m. 6:45 p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 1-14-61 to 3-17-61 and last saw her/him alive on 3-17-61
Death occurred at 2 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Norman F. Hansen D.O.	22b. ADDRESS Hale, Mo.	22c. DATE SIGNED 3-20-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/21/1961	23c. NAME OF CEMETERY OR CREMATORY Hale cemetery	23d. LOCATION (City, town, or county) (State) Hale, Missouri.
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24. FUNERAL DIRECTOR ADDRESS Clifford W. Austin F-H Hale, Mo.	25. DATE RECD. BY LOCAL REG. Mar. 21, 1961	26. REGISTRAR'S SIGNATURE Mrs Rex Henderson
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

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 Clifford W. Austin
Clifford W. Austin

Licensed Embalmer No. #3233

P. O. Address Tina, Missouri.

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.