SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021662
STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 304

FILED JUL 5 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin mo — Length of stay in 1b: 4days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Dade
c. CITY OR TOWN: So Greenfield Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): So Greenfield Mo — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Vida — Middle: Ellen — Last: Jeffreys
4. DATE OF DEATH: Month: June — Day: 21 — Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: July 8 1875
9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months 11, Days 13 — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (City and state or country): Dade Co Mo.
12. CITIZEN OF WHAT COUNTRY: usa
13a. FATHER'S NAME: George W Hamic
13b. MOTHER'S MAIDEN NAME: Sarah Bowman
14. NAME OF HUSBAND OR WIFE: Robert Jeffreys
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: Robert Jeffreys — Address: So Greenfield Mo.

MEDICAL CERTIFICATION

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 Embolism
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fat Embolism
DUE TO (c): Fracture of Rt Femur
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 6-18-61, to 6-21-61 and last saw her/him alive on 6-21-61
Death occurred at 9:13A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James A Yoham DO
22b. ADDRESS: 118 Friso Bldg Joplin Mo
22c. DATE SIGNED: 6-23-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: June 24 1961
23c. NAME OF CEMETERY OR CREMATORY: Pennsboro
23d. LOCATION (City, town, or county) (State): Dade Co Mo.

24. FUNERAL DIRECTOR — ADDRESS: Allison Funeral Home Greenfield Mo.
25. DATE RECD. BY LOCAL REG.: 6-28-1961
26. REGISTRAR'S SIGNATURE: Dovie Merriam

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed W.R. Allison

Signature of Student Embalmer

Licensed Embalmer No. 4404

P. O. Address Greenfield Ohio

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.