

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023484

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1747

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

FILED JUL 5 1961

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Length of stay in 1b 2 WKS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION COUNTY Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY ST. LOUIS
 c. CITY OR TOWN EUREKA Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) FRISCO AVE. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Harvey Middle Jeffries Last Jeffries
4. DATE OF DEATH Month June Day 23 Year 1961

5. SEX M **6. COLOR OR RACE** W **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH 4/4/1888 **9. AGE (last birthday)** 73 **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** RAILROAD **11. BIRTHPLACE** (City and state or country) STANTON Mo. **12. CITIZEN OF WHAT COUNTRY** U.S.A.

13a. FATHER'S NAME ISAAC JEFFRIES **13b. MOTHER'S MAIDEN NAME** ELIZABETH LINDSAY **14. NAME OF HUSBAND OR WIFE** LUAN JEFFRIES

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** Harvey Jeffries, Eureka, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Acute myocardial infarction
 DUE TO (b) Arteriosclerotic heart disease
 DUE TO (c) Generalized arteriosclerosis
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic nephrosclerosis
 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 June 9, 1961 to June 23, 1961 and last saw ^{him} him alive on June 23, 1961
 Death occurred at 12:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Albert L. Howe MD **22b. ADDRESS** 6d S. Brentwood Blvd, Clayton 5 Mo. **22c. DATE SIGNED** 6/23/61 (State)

23a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) BURIAL **23b. DATE** 6/25/61 **23c. NAME OF CEMETERY OR CREMATORY** BETHEL **23d. LOCATION** (City, town, or county) (State) POND, Mo.

24. FUNERAL DIRECTOR SCHRADER, ADDRESS BALLWIN, Mo. **25. DATE RECD. BY LOCAL REG.** 6-23-61 **26. REGISTRAR'S SIGNATURE** [Signature]

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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellewin, 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.