

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 9 1949

BIRTH NO. 28016-49 REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 3023 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton mo</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Clinton mo</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>1 RR #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospit</u>			
3. NAME OF DECEASED (First) <u>JAMES</u> (Middle) <u>DAVID</u> (Last) <u>JEFFERY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1949</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u>		8. DATE OF BIRTH <u>June 1 / 1949</u>	
9. AGE (In years last birthday) <u>26</u>		10. IF UNDER 24 HRS. Hours Min. <u>26</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Clinton mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Herbert Jeffery</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Clark</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Jeffery</u> ADDRESS <u>Clinton mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7705</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia bronch (2 mo)</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>RH negative factor</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1949, to June 2, 1949 that I last saw the deceased alive on June 2, 1949 and that death occurred at June 2 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. A. ...</u>		23b. ADDRESS <u>Clinton mo.</u>		23c. DATE SIGNED <u>6-2-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2 / 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 2-49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		4215. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Consolet</u> ADDRESS <u>Clinton</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 5-49-7

Date Filed 6-8-8

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____

Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.