

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8398**

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **5505** Registrar's No. **331**

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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Blair Henry MO		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MO b. COUNTY HENRY	
b. CITY (If outside corporate limits, write RURAL and give township) Boford Twp		c. CITY (If outside corporate limits, write RURAL and give township) Blair Henry MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		d. STREET ADDRESS (If rural, give location) Rural	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jefferson c. (Last) Jefferson		4. DATE OF DEATH (Month) (Day) (Year) 3 9 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED—NEVER MARRIED, WIDOWED, DIVORCED 2	8. DATE OF BIRTH Mar. 21-1865
9. AGE (In years last birthday) 88		10. IF UNDER 1 YEAR Months 88 IF UNDER 1 YEAR Days 88 IF UNDER 1 HR. Hours 88 Min. 88	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) Blair Henry MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Jefferson		13b. MOTHER'S MAIDEN NAME Laura Demaree	
14. NAME OF HUSBAND OR WIFE (deceased)			
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'S SIGNATURE OR NAME Georgia Hayden		ADDRESS Blair Henry MO	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDITIS INTERVAL BETWEEN ONSET AND DEATH 1 WK. ANTECEDENT CAUSES DUE TO (b) HYPERTENSION 2 YR 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 444X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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)		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 MAR. , 19 52 , to MAR. , 19 54 , that I last saw the deceased alive on FEB. , 19 54 , and that death occurred at 9:30 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Hugh B Walker, MD		23b. ADDRESS Clinton, MO.	
23c. DATE SIGNED 10 MAR. 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-11-1954	
24c. NAME OF CEMETERY OR CREMATORY Ulrich		24d. LOCATION (City, town, or county) (State) Ulrich MO	
DATE REC'D BY LOCAL REG. Mar-11-54		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE W. J. Brown		ADDRESS Ulrich MO	

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
Student Embalmer

Signed

R R Kenney

Licensed Embalmer No.

2099

P. O. Address

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