

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

29693

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>284</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Schuyler</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkville</u>		c. LENGTH OF STAY (in this place) <u>15 min.</u>		c. CITY OR TOWN <u>Lancaster</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sam Smith Hospital</u>				STREET ADDRESS (If rural, give location) <u>0980</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Omar</u>		b. (Middle) <u>Dee</u>		c. (Last) <u>Jeffries</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 16 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE _____		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 9 1882</u>	
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co Mo</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Schuyler Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>BRAXTON JEFFRIES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FUGLESANG</u>	
13a. FATHER'S NAME <u>BRAXTON JEFFRIES</u>		13b. MOTHER'S MAIDEN NAME <u>MARY FUGLESANG</u>		14. NAME OF HUSBAND OR WIFE <u>ARMINTA JEFFRIES</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Paul Jeffries</u>		ADDRESS <u>Lancaster 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>6 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>4201</u>		22. I hereby certify that I attended the deceased from <u>Sept 16, 1956</u> , to <u>Sept 16, 1956</u> , that I last saw the deceased alive on <u>Sept 16, 1956</u> , and that death occurred at <u>2:20 p.m.</u> , from the causes and on the date stated above.	
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? _____			
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Kirkville, Missouri</u>		23c. DATE SIGNED <u>Sept 16, 1956</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sep 18 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>IOOF</u>		24d. LOCATION (City, town, or county) (State) <u>Lancaster MO</u>	
DATE REC'D BY LOCAL REG. <u>9-20-56</u>		REGISTRAR'S SIGNATURE <u>Irate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morehead-Norman Lancaster, Mo</u>			

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

APP 15 1954

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 *Novel E Foster*

Licensed Embalmer No. *474*

P. O. Address *Kirkville,*

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.