

FILED JAN 21 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2416**

BIRTH NO. 95007-56 REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 296 Registrar's No. 6019

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY OR TOWN Rural-Orrick Twp.		c. CITY OR TOWN Rural	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 1 1/2 mile North Orrick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1 1/2 miles North Orrick, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) LEE c. (Last) JEFFRIES	
4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1957			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM	8. DATE OF BIRTH Dec. 24, 1956
9. AGE (In years last birthday) 0		IF UNDER 1 YEAR Months 0 Days 17	IF UNDER 24 HRS. Hour 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri
			12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Allen Jeffries		13b. MOTHER'S MAIDEN NAME Katherine Roberts	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Allen Jeffries, Orrick, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES		DUE TO (b) Strangulated Hernia	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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? 2 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) 5615	
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 1-11-57 , 19___, to _____, 19___, that I last saw the deceased alive on 1-11-57 , 19___, and that death occurred at 8:30A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thomas J. Semmes - D.O.		23b. ADDRESS Orrick, Mo	23c. DATE SIGNED 1-12-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-13-1957	24c. NAME OF CEMETERY OR CREMATORY South Point Cemetery	24d. LOCATION (City, town, or county) (State) Ray County, Missouri
DATE REC'D BY LOCAL REG. 1-14-57	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter ADDRESS Richmond, Mo	

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

272-0

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.....*Thomas J. Carter*.....

Licensed Embalmer No. 4174.....

P. O. Address Richmond, 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.