

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9069

State File No. ....

56000

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGHLAND Durham Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Highland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>T</u>		d. STREET ADDRESS (If rural, give location) <u>Durham, Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>addline</u> c. (Last) <u>Jennings</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>SEPT. 29-1865</u>
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>7</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Indiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>George Graham</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Goings</u>		14. NAME OF HUSBAND OR WIFE <u>LEE JENNINGS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Albert Jennings</u>		ADDRESS <u>Durham, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina pectoris</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Semility</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)			
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 <u>March 11, 1949</u> , to <u>March 30, 1949</u> , that I last saw the deceased alive on <u>March 30, 1949</u> , and that death occurred at <u>7:10 AM</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry P. Procken, D.O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>	
23c. DATE SIGNED <u>4/2/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 3</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Durham</u>		24d. LOCATION (City, town, or county) (State) <u>Durham Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9, 1949</u>		REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos. Ball</u>		ADDRESS <u>Ewing, Mo</u>	

RECEIVED

District Health Officer No. 10

District File Number 4-496

Date Filed APR 11 1948

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 Thomas Ball

Licensed Embalmer No. 1744

P. O. Address Ewing, 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.