

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17928

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESLOPE MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DESLOPE</u>	
c. LENGTH OF STAY (In this place) <u>37</u>		d. STREET ADDRESS (If rural, give location) <u>605 MONROE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>605 MONROE ST.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>CARLIN</u> c. (Last) <u>JINNINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 4 1950</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED w/Jan 27 1862</u>	
8. DATE OF BIRTH <u>Jan 27 1862</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR Days <u>4</u> IF UNDER 1 MRS. Hours <u>7</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED YARDMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NATIONAL LEAD CO</u>		11. BIRTHPLACE (State or foreign country) <u>HOPKINSVILLE Ky.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>JOHN W. JINNINGS</u>		13b. MOTHER'S MAIDEN NAME <u>ANN WOODRUFF</u>	
14. NAME OF HUSBAND OR WIFE <u>MAUDE EFFIE BRUNT</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>S. H. JINNINGS</u>		ADDRESS <u>DESLOPE 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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intracranial hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 d</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis (general)</u>			
		DUE TO (c) <u>arterio &amp; mitral regurg.</u>			
		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 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) (Minute)		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>May 19 49</u> , to <u>June 4 50</u> , that I last saw the deceased alive on <u>6-3-50</u> , and that death occurred at <u>10:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>H. D. Beebe M.D.</u>		23b. ADDRESS <u>Desloge Mo.</u>		23c. DATE SIGNED <u>6-5-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/7/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHAPEL HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>MARION KY.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. BOYER</u>		ADDRESS <u>DESLOPE MO.</u>	

DATE REC'D BY LOCAL REG. <u>June 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Esther Rudolph</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. BOYER</u>	
				ADDRESS <u>DESLOPE MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0940

1932  
San Jose, Calif.  
650-287

**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.

Signed B.T. Boyer  
Student Embalmer \_\_\_\_\_  
Licensed Embalmer No. 3660  
P. O. Address Kesloge Wn.

**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.