No. 300
10.48

FILED AUG 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27315

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 329 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Crystal City 0501
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Florian
c. (Last) Jennie

4. DATE OF DEATH (Month) (Day) (Year) July 10 - 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Apr. 27 - 1911
9. AGE (In years last birthday) 39 — IF UNDER 1 YEAR Months 2 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (State or foreign country) Crystal City Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Florian Jennie
13b. MOTHER'S MAIDEN NAME Martha Forgey
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Florian Jennie — ADDRESS Crystal City 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) FRACTURED NECK — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 69 — 28
DUE TO (c) 45

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 050
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Oper Verdict
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Cliff
21c. (CITY, TOWN, OR TOWNSHIP) Crystal city (COUNTY) Jefferson (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) JULY 9 1950 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? FALLING OFF CLIFF

22. *I hereby certify that I attended the deceased from _____, 19__, to 10 July, 1950, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Daniel J. Mahr (Degree or title) Coroner Jeffco
23b. ADDRESS Desoto Mo
23c. DATE SIGNED 7/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JULY 12, 1950
24c. NAME OF CEMETERY OR CREMATORY PRESBYTERIAN
24d. LOCATION (City, town, or county) (State) FESTUS MO.

DATE REC'D BY LOCAL REG. July 11-1950
REGISTRAR'S SIGNATURE Cleora Belleville 142
25. FUNERAL DIRECTOR'S SIGNATURE H. S. Vinyard — ADDRESS Festus Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED 8-17-50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

AUG 22 1950

SEP 8 1951

MAY 28 1952

AUG 30 1950

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 .....

working under my personal supervision.

Student Embalmer No. .....

Signed H S Onyard

Signed .....
Student Embalmer

Licensed Embalmer No. 3010

P. O. Address Festus Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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