

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17134

State File No.

FILED MAY 22 1951

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 480

537

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

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN <u>Lebanon</u>	c. LENGTH OF STAY (in this place) <u>1 Week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> <u>1537</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>639 King St.</u>	

3. NAME OF DECEASED: (Type or Print) <u>Rosetta</u>	a. (First)	b. (Middle) <u>Jennings</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1951</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 17, 1885</u>	9. AGE (In years last birthday) <u>66</u>	<input type="checkbox"/> UNDER 1 YEAR	<input type="checkbox"/> UNDER 12 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Breedlove</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ellis Jennings</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Raymond Medley</u> ADDRESS <u>Lebanon Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo. (?)</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma colon</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage from bowel.</u> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from May 10, 1948, to May 14, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 6-4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>James S. Hope, MD</u> (Degree or title)	23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>5/16/51.</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/16/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5-16-1951</u>	REGISTRAR'S SIGNATURE <u>Mella R. Klay</u> <u>424</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Palmer's</u> ADDRESS <u>Lebanon Mo.</u>
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Received **MAY 19 1951**
Laclede County Health Unit
File No. **5-51-72**
Date Filed **MAY 21 1951**

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 *Stanley B Palmer*

Signed.....
Student Embalmer

Licensed Embalmer No. **4810**

P. O. Address *Lebanon, 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.