

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27550

FILED AUG 22 1951

BIRTH NO. _____		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4285</u>		Registrar's No. <u>174</u>	
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>LEWISTOWN</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEWISTOWN</u>		0560	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>XXXX</u>				d. STREET ADDRESS (If rural, give location) <u>XXX</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>		b. (Middle) <u>VINE</u>		c. (Last) <u>JENNINGS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 9 1951</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 13, 1896</u>	
9. AGE (In years last birthday) <u>55</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>LEWISTOWN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>XXXX</u>		11. BIRTHPLACE (State or foreign country) <u>LEWISTOWN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>THOMAS M. DAY</u>			13b. MOTHER'S MAIDEN NAME <u>DORA BUCKNER</u>			14. NAME OF HUSBAND OR WIFE <u>RUBE JENNINGS</u>	
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>XXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JIMMY DAY LEWISTOWN, MO.</u>			
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) <u>Carcinoma of the lungs</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>			
*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			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Carcinoma of the left breast removed surgically July, 1950</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"/>			
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)		170X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>July 25, 1950</u> , to <u>Aug. 9, 1951</u> , that I last saw the deceased alive on <u>Aug. 9, 1951</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harvey L. M. Brockman D.O.</u>				23b. ADDRESS <u>La Belle, Mo.</u>		23c. DATE SIGNED <u>Aug. 11, 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 11, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8-15-51</u>		REGISTRAR'S SIGNATURE <u>P. St. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Arnold</u>		ADDRESS <u>LEWISTOWN, MO.</u>	

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

560

AUG 31 1951

Date Received: AUG 20 1951

DISTRICT HEALTH OFFICE #2

District File Number 8-51-1470

Date Filed: AUG 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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Charles J. Arnold, Sr.*

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, 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.