

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27870**

FILED SEP 12 1951

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 5954		Registrar's No. 86			
1. PLACE OF DEATH a. COUNTY Pike 0820				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike					
b. CITY (If outside corporate limits, write RURAL and give town) Frankford (rural)		c. LENGTH OF STAY (in this place) 24 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Frankford, rural Pike		OR TOWN 0820			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0					
3. NAME OF DECEASED (Type or Print) a. (First) BESSIE			b. (Middle) ANN		c. (Last) JENNINGS		4. DATE OF DEATH (Month) (Day) (Year) AUG. 25 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH OCT. 2, 1896		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Shannon Co. Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A		
13a. FATHER'S NAME Benjamin Strain			13b. MOTHER'S MAIDEN NAME Nancy Bace			14. NAME OF HUSBAND OR WIFE Delas Jennings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Gladys P. Lynn Vandalea				ADDRESS 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) stroke of Hypertension DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334 X						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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 June , 1951, to Aug. , 1951, that I last saw the deceased alive on Aug 17 , 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) E. P. Hansen			23b. ADDRESS Frankford Mo.			23c. DATE SIGNED Aug. 26/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 27 1951		24c. NAME OF CEMETERY OR CREMATORY Wright Cemetery		24d. LOCATION (City, town, or county) (State) Frankford, rural Mo.			
DATE REC'D BY LOCAL REG. Aug 27, 1951		REGISTRAR'S SIGNATURE Berniece Collier		25. FUNERAL DIRECTOR'S SIGNATURE Fields & Son		ADDRESS Frankford Mo.			

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

SEP 12 1961

Date Received: SEP 10 1961
DISTRICT HEALTH OFFICE #2
District File Number 951-1611
Date Filed: SEP 11 1961

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 *Jane Fielso Meyerson*

Licensed Embalmer No. *4092*

P. O. Address *Frankford, Pa.*

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.