

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7211
Registrar's No. 27

FILED MAR 18 1952
BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5018

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| 1. PLACE OF DEATH a. COUNTY <u>Andrew</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whitesville</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Whitesville 0020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plath Sup.</u> | | d. STREET ADDRESS (If rural, give location) _____ | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Uriah</u> b. (Middle) <u>Delbert</u> c. (Last) <u>Jenninas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3-13-52</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>9-19-1862</u> | 9. AGE (In years last birthday) <u>89</u> | IF UNDER 1 YEAR Days <u>6</u> IF UNDER 2 HRS. Hours <u>24</u> Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Warren Co. Ill</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | | | | | |

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|------------------------------------|---|-----------------------------------|
| 13a. FATHER'S NAME <u>un known</u> | 13b. MOTHER'S MAIDEN NAME <u>un known</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Cecilia Penny Reemo</u> ADDRESS _____ |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 DAYS</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____ |
| 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 1940, 19____, to 3-13, 1952, that I last saw the deceased alive on Jan 3, 1952, and that death occurred at 3 AM, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. V. B. Wilam M.D.</u> | 23b. ADDRESS <u>Boendale mo</u> | 23c. DATE SIGNED <u>3-13-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3-15-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville</u> | 24d. LOCATION (City, town, or county) (State) <u>Whitesville mo</u> |
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| DATE REC'D BY LOCAL REG. <u>3-13-52</u> | REGISTRAR'S SIGNATURE <u>Lillian Spack</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Breit Funeral Home</u> ADDRESS <u>Savannah Mo</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 E. E. Breit

Licensed Embalmer No. 2650

P. O. Address Swansea, 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.