

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17104**

FILED JUN 9 1952

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **5644** Registrar's No. **46**

0540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY OR TOWN Lexington		c. LENGTH OF STAY (in this place) 10 years	c. CITY OR TOWN Lexington Twp. rural 0540		d. STREET ADDRESS (If rural, give location) Rural 4 miles S.W.
d. FULL NAME OF HOSPITAL OR INSTITUTION Goodloe Rest Home					
3. NAME OF DECEASED a. (First) Sarah b. (Middle) Rachial c. (Last) Jennings			4. DATE OF DEATH (Month) (Day) (Year) May 16, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 20, 1864	9. AGE (In years last birthday) 87	10. MONTHS 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Lafayette Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Not Known		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE John Jennings	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Leopard Jennings ADDRESS Lexington, Missouri		
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) Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Years - ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple decubitus ulcers - 2 mos.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500"		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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 Apr. 19, 1952 , to May 16, 1952 , that I last saw the deceased alive on May 12, 1952 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) W.R. Osborn, M.D.			23b. ADDRESS Des Moines, Mo.		23c. DATE SIGNED June 2, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 16, 1952	24c. NAME OF CEMETERY OR CREMATORY Machpelah	24d. LOCATION (City, town, or county) (State) Lexington, Missouri		
DATE REC'D BY LOCAL REG. 6-5-52	REGISTRAR'S SIGNATURE Wm. E. G. ...		25. FUNERAL DIRECTOR'S SIGNATURE Edward T. Temp... ADDRESS		

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.