

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20912**

No. 300  
10-48

**MAILED JUL 15 1952** REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 1111708

1920

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

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>			
b. CITY OR TOWN <b>Webb City</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>	c. CITY OR TOWN <b>Webb City</b>		D-492	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jane Chinn Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>310 North Liberty</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>STEPHEN</b> b. (Middle) <b>EARLE</b> c. (Last) <b>JENNINGS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 11, 1952</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>July 10, 1952</b>	9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 12 HRS. Hours <b>13</b> Min. <b>38</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None Infant</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Webb City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Lawrence C. Jennings</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Helen Henbest</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rev. Lawrence Charles Jennings</b> ADDRESS: <b>Webb City, Mo</b>				
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) <b>Atelectasis</b>  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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7620</b>				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 <b>7-10, 1952</b> , to <b>7-11, 1952</b> , that I last saw the deceased alive on <b>7-10, 1952</b> , and that death occurred at <b>1:00 P.M.</b> , from the causes and on the date stated above.						
23a. SIGNATURE <b>M. H. Hedges</b> (Degree or title)			23b. ADDRESS <b>Webb City, Mo</b>		23c. DATE SIGNED <b>7/11/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 12, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Pleasant Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Purdy, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>7-12-52</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge Lewis</b> ADDRESS <b>Webb City, Mo</b>			

RECEIVED 7/14  
Jasper County Health Office

County File Number 5-5-2  
Date Filed 7/14/52

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 Leonard J. Lewis

Licensed Embalmer No. 4561

P. O. Address Webb City 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.