

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32272**
Registrar's No. **3043**

FILED OCT 15 1952

REG. DIST. NO. **209**

PRIMARY REG. DIST. NO. **3043**

Registrar's No. **3043**

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

1. PLACE OF DEATH a. COUNTY RALES MORION			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission.) a. STATE MISSOURI b. COUNTY AUBURN		
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. LENGTH OF STAY (In this place) 5 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) RURAL 1-MILE W. LAURENCE		d. STREET ADDRESS (If rural, give location) 0040 FARBER
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH					

3. NAME OF DECEASED (Type or Print) a. (First) RHEVA		b. (Middle) MAXINE		c. (Last) JENNINGS		4. DATE OF DEATH (Month) (Day) (Year) SEPT 23 1952	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH NOV 25 1925		9. AGE (In years last birthday) Months Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) FARBER MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME AVERY WILSON		13b. MOTHER'S MAIDEN NAME ZONA LIVERS ORVILLE JENNINGS		14. NAME OF HUSBAND OR WIFE Avery Wilson FARBER	
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. 492-302104		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Avery Wilson FARBER	

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) Hypertension, toxic, severe				INTERVAL BETWEEN ONSET AND DEATH 4 months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis of circulation				1 day	
		DUE TO (c) Thyroidectomy				1 day	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION Sept 23, 1952		19b. MAJOR FINDINGS OF OPERATION Hypertensive Thyroid				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) 2520			
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 **July 29, 1952**, to **Sept 23, 1952**, that I last saw the deceased alive on **Sept 23, 1952**, and that death occurred at **8 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Lanning M.D.		23b. ADDRESS Hannibal, Mo		23c. DATE SIGNED 9/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9. 25		24c. NAME OF CEMETERY OR CREMATORY VANDALIA	
		24d. LOCATION (City, town, or county) (State) VANDALIA MO.			

DATE REC'D BY LOCAL REG. 10-9-52		REGISTRAR'S SIGNATURE R. E. M. Lucke		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. B. Waters Vandalia, Mo	
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RECEIVED OCT 18 1952

MARION CO. HEALTH DEPT.

DATE FILED OCT 18 1952

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

William B. Natus

Licensed Embalmer No. 4169

P. O. Address Vandellie

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.