

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32365

State File No.

FILED OCT 8 1952

BIRTH NO. _____ REG. DIST. NO. 241 PRIMARY REG. DIST. NO. 5828 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>New Madrid</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Point Pleasant</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Point Pleasant</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Le Sieur Sup</u>		d. STREET ADDRESS (If rural, give location) <u>Mo 0720</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Walter</u> c. (Last) <u>Jennings Jr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 4, 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec 2, 1936</u>
9. AGE (In years last birthday) <u>15</u> Months <u>10</u> Days <u>2</u>		9. AGE (In years last birthday) <u>15</u> Months <u>10</u> Days <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student - Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Point Pleasant, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>D.C.A</u>		13a. FATHER'S NAME <u>James Walter Jennings</u>	
13b. MOTHER'S MAIDEN NAME <u>Lena Williams</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Walter Jennings - Point Pleasant Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot with shot gun</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>being put into truck. Hit left arm and body.</u> DUE TO (c) <u>and body.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>072</u>	
20. AUTOPSY? <u>43</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway Le Sieur</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>New Madrid Mo</u>	
21d. TIME OF INJURY <u>Oct 4 - 52 11:00 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Shot with shot gun.</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased <u>alive on</u> _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Dr. Hedges</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>Coroner New Madrid - Oct 4-52</u>	
23c. DATE SIGNED		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10-8-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Point Pleasant, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DeLisle Funeral Parlor - Fortageville, Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-4-52</u>		REGISTRAR'S SIGNATURE <u>Ellen De Lisle</u>	

0720
3

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

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.