

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **41279**

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. **340** PRIMARY REG. DIST. NO. **3075** Registrar's No. **75**

1031

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dexter		c. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION (at home)		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) AGNES b. (Middle) Jones c. (Last) JENNINGS			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1952		
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5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1883	9. AGE (In years last birthday) 69	10 UNDER 1 YEAR Months 9	10 UNDER 1 YEAR Days 2	10 UNDER 1 Wks. Hours _____	10 UNDER 1 Wks. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Mo. Near Bloomfield, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Jim Bryant	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Clarence Jennings
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) _____	17. INFORMANT'S SIGNATURE OR NAME Jack Jones (Son)	ADDRESS Dexter, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anemia		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Hypertension		
	DUE TO (c) _____		
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 4222	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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Nov 10, 1952**, to **Nov 11, 1952**, that I last saw the deceased **alive on Nov 10**, and that death occurred at **3:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Wesley J. Anderson	Degree or title _____	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 11-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 13, 52	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove cem.	24d. LOCATION (City, town, or county) (State) Stoddard co. Missouri
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DATE REC'D BY LOCAL REG. 11-17-52	REGISTRAR'S SIGNATURE Velma V. Jenkins	4090	25. FUNERAL DIRECTOR'S SIGNATURE Chiles Und. Co.	ADDRESS Bloomfield, Mo.
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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 Lulu
Cooper # 3499

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.