

STANDARD CERTIFICATE OF DEATH

5640 State File No. 2053

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5641 Registrar's No. 14

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 death.) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Davis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Davis		0540
d. FULL NAME OF HOSPITAL OR INSTITUTION Farm - SW of Higginsville			d. STREET ADDRESS (If rural, give location) Farm - SW of Higginsville		
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Hoge c. (Last) Jennings			4. DATE OF DEATH (Month) (Day) (Year) Febr. 2, 1953		
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH FEBR. 24, 1861	9. AGE (In years last birthday) 91	# UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming - Owner	10b. KIND OF BUSINESS OR INDUSTRY General Farming	11. BIRTHPLACE (State or foreign country) West Virginia /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James H. Jennings		13b. MOTHER'S MAIDEN NAME Elizabeth Robinson		14. NAME OF HUSBAND OR WIFE Sarah Eliza 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 ADDRESS Roger Jennings Higginsville, Mo.		
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis 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 25 days Sewerly
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331X				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) Davis Lafayette Mo.			
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 Oct 17, 1952, to Feb. 2, 1953, that I last saw the deceased alive on Jan. 10, 1953, and that death occurred at 12:45 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wilbur E. Fulkerson			23b. ADDRESS Higginsville Mo		23c. DATE SIGNED Feb. 8, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/4/53	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Higginsville, Mo.		
DATE REC'D BY LOCAL REG. 2-4-1953	REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE A. H. Hader	ADDRESS Higginsville, Mo.	

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 _____

Forest Rickhof

Licensed Embalmer No. *4284*

P. O. Address *Highville 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.