

STANDARD CERTIFICATE OF DEATH

State File No. **14909**

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 286

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1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>North Salem 0580</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M^r Barney Hospital</u>			

3. NAME OF DECEASED (Type or Print) GRACIE GENEVA JENNINGS			4. DATE OF DEATH (Month) (Day) (Year) <u>April - 20 - 1953</u>		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) <u>56</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>9</u>	11. UNDER 1 HR. Hours <u></u> Min. <u></u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>B</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb - 11 - 1897</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmistress</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>North Salem 0</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Willard Head</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Corray</u>	14. NAME OF HUSBAND OR WIFE <u>Ray Jennings</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Jennings</u> ADDRESS <u>Brookfield 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obtuse Hypertensive Coronary Arteriosclerosis</u> <u>Coronaria</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Atherosclerosis</u> DUE TO (c) <u>Coronary of Cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>2 mo.</u> <u>3 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Calcypis</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>171X</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10 1949 to April 20 1953, that I last saw the deceased alive on April 20 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Bohman, M.D.</u> (Degree or title)	23b. ADDRESS <u>211 E. Brookfield Mo</u>	23c. DATE SIGNED <u>4/20/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>4-21-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>North Salem Cem</u>
24d. LOCATION (City, town, or county) (State) <u>North Salem Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Blacklock</u> ADDRESS <u>Brookfield Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-21-53</u>	REGISTRAR'S SIGNATURE <u>Madine Stambach</u>	

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. M. Blacklock

Licensed Embalmer No. *2246*

P. O. Address

Brookfield 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.