

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23959**
Registrar's No. **806**

FILED JUL 27 1953

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 806			
1. PLACE OF DEATH a. COUNTY BUCHANAN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY BUCHANAN					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH		c. LENGTH OF STAY (in this place) 8 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST JOSEPH		0117 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2725 COMMERCIAL ST				d. STREET ADDRESS (If rural, give location) 2725 COMMERCIAL ST.					
3. NAME OF DECEASED (Type or Print) a. (First) MARIAH			b. (Middle) _____		c. (Last) JENNINGS		4. DATE OF DEATH (Month) (Day) (Year) 7 20 53		
5. SEX FEMALE		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2		8. DATE OF BIRTH 3-17-71		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and State or Foreign Country) CLAIRE MO 0			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JAMES L. WALES			13b. MOTHER'S MAIDEN NAME MARTHA GAUNTLEY			14. NAME OF HUSBAND OR WIFE FRANK 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 AND ADDRESS GEORGE WALES ST JOSEPH, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease ANTECEDENT CAUSES Chronic paranephritis nephritis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Senile mentality Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 yrs. 4 yrs.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 592X						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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from 6/2 1953 , to 7/20 1953 , that I last saw the deceased alive on 7/14 1953 , and that death occurred at 1:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) H. F. Mundy M.D.				23b. ADDRESS 2801 Sacramento, St. Joseph, Mo.			23c. DATE SIGNED 7/21/53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 22, 1953		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Andrew County, Mo.			
DATE REC'D BY LOCAL REG. July 23, 1953		REGISTRAR'S SIGNATURE Bethel M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Victor Brady		ADDRESS St. Joe Mo.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph 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.