

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35000

State File No.

FILED NOV 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>277</u>		
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia, Missouri</u>		c. LENGTH OF STAY (in this place) <u>25 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia, Missouri</u>		<u>0100</u> <u>1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Boone County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>411 S. Collier</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>M</u> c. (Last) <u>JENNINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 25, 1953</u>					
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November 3, 1879</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Homemaker</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Henry Reed</u>		13b. MOTHER'S MAIDEN NAME <u>Lottie ?</u>		14. NAME OF HUSBAND OR WIFE <u>Reed</u> <u>C. C. Jennings</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Harry Jennings</u>		ADDRESS <u>Centralia, 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>Atherosclerotic heart disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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				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) (Min.)		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 <u>10-1</u> , 19 <u>53</u> , to <u>10-25</u> 19 <u>53</u> that I last saw the deceased alive on <u>10-25</u> , 19 <u>53</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>R. L. Ladson MD</u>				23b. ADDRESS <u>Columbia Mo</u>		23c. DATE SIGNED <u>10-25-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 27, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Oct 26 1953</u>		REGISTRAR'S SIGNATURE <u>Mrs R E Palmer</u>		GENERAL DIRECTOR'S SIGNATURE <u>W. L. ...</u>		ADDRESS <u>Centralia Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Bill J. Meador

Licensed Embalmer No. *4876*

P. O. Address *Centuria, Missis*

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.