S. No. 300
v. 10-48

0680
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

39756

State File No.

FILED DEC 8 1953

BIRTH NO. REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 4334 Registrar's No. 55

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

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Latham
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Latham 0680
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Edgar
b. (Middle): Coleman
c. (Last): Jennison

4. DATE OF DEATH (Month) 11 (Day) 22 (Year) 53

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 25, 1895
9. AGE (In years last birthday): 58 — If under 1 year: Months 4 Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Moniteau, County
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Arthur Jennison
13b. MOTHER'S MAIDEN NAME: Margaret Thompson
14. NAME OF HUSBAND OR WIFE: Emma Jennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: ADDRESS:

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — DUE TO (b) Gunshot wound

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — E976X

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 ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in barn
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE): Latham Moniteau MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? self inflicted

22. *I hereby certify that I attended the deceased from* Nov. 22, 1953, *to* Nov. 22, 1953, *that I last saw the deceased alive on* Nov. 22, 1953, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) D.O.
23b. ADDRESS: California
23c. DATE SIGNED: 11/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11/24/53
24c. NAME OF CEMETERY OR CREMATORY: Latham Cemetery
24d. LOCATION (City, town, or county) (State): Latham, Missouri

DATE REC'D BY LOCAL REG.: 11-30-53
REGISTRAR'S SIGNATURE: Mrs. F. W. Scott Deputy 201-0
25. FUNERAL DIRECTOR'S SIGNATURE: Williams Funeral Home
ADDRESS: California Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.