

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5851

FILED MAR 9 1954

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 60

940 2

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

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Viburnum</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp # 4</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EVA</u>		b. (Middle) <u>JENNINGS</u> c. (Last) <u>JENNINGS</u>	
4. DATE OF DEATH <u>Feb 24, 1954</u>		5. SEX <u>female</u> 6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug-27-1900</u>	
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Montana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Antonia Frago</u>		13b. MOTHER'S MAIDEN NAME <u>Docia Jenkerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Alex Jennings</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Harold Weaver</u> ADDRESS <u>St. Louis, 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>Terminal pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>abt. 4 das.</u> ANTECEDENT CAUSES DUE TO (b) <u>Maniacal exhaustion</u> <u>abt. 4 das.</u> DUE TO (c) <u>Psychosis</u> <u>at least 12 years.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of right femur, 1-27-54.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>309XF</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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan. 27, 1954</u> , to <u>Feb. 24, 1954</u> , that I last saw the deceased alive on <u>Feb. 24, 1954</u> , and that death occurred at <u>4:15A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>John A. Brennan, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4 Farmington, Missouri</u>	
23c. DATE SIGNED <u>2-26-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb-26-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elys Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Iron Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home Flat River, Mo</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb 26, 1954</u>		REGISTRAR'S SIGNATURE <u>Ether Rudolph</u>	

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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 *Murphy L Sparks*

Licensed Embalmer No. *4236*

P. O. Address. *St Charles 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.