

STANDARD CERTIFICATE OF DEATH

8279

State File No.

BIRTH NO. FILED APR 5 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (in this place) 22 DAYS		c. CITY OR TOWN Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION Handley Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
e. STREET ADDRESS 1411 E. 24th Street			4. DATE OF DEATH March 30, 1954				
3. NAME OF DECEASED (Type or Print) a. (First) LAFE		b. (Middle) ----		c. (Last) JENNINGS			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 2 Feb. 1883		9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months Days			
IF UNDER 14 HRS. Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Common Laborer			
11. BIRTHPLACE (City and State or Foreign Country) St. Clair County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Williams Jennings		13b. MOTHER'S MAIDEN NAME Elizabeth Mulinax		14. NAME OF HUSBAND OR WIFE Nellie Jennings			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. ----		17. INFORMANT'S SIGNATURE OR NAME Albert Jennings, Rt. 2, Springfield, 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) <u>Coronary heart failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u> <u>10 yr</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1500</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>28 Mar.</u> , 19 <u>54</u> , to <u>30 Mar.</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>March 30, 1954</u> , and that death occurred at <u>8:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl P. Russell</u>		23b. ADDRESS <u>1951 S. National</u>		23c. DATE SIGNED <u>3-31-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2 Apr. 1954		24c. NAME OF CEMETERY OR CREMATORY Danforth Cemetery			
24d. LOCATION (City, town, or county) (State) Greene County, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thome</u>		ADDRESS <u>Springfield, Miss.</u>			
DATE REC'D BY LOCAL REG. 4-1-54		REGISTRAR'S SIGNATURE <u>Frederick Williamson</u>		26. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thome</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.....
Signature of Student Embalmer

Signed..... *Fred C. Thiem*

Licensed Embalmer No..... 2899
Springfield,
P. O. Address...Missouri.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.