

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559 Registrar's No. 26

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| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jeff.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joachim Township</u> | c. LENGTH OF STAY (In this place) <u>29 Day</u> | c. CITY OR TOWN <u>Festus</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mt. View Conv. Home</u> | | • STREET ADDRESS (If rural, give location) <u>Lee Ave.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Jasper</u> | b. (Middle) <u>E.</u> | c. (Last) <u>Jennings</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 7 1954</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug 11 1880</u> | 9. AGE (In years last birthday) Months Days Hours Min. <u>73 7 26</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Veterinarian</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ste Genevieve County</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

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| 13a. FATHER'S NAME <u>Samual Jennings</u> | 13b. MOTHER'S MAIDEN NAME <u>E. Bequette</u> | 14. NAME OF HUSBAND OR WIFE <u>Annie Jennings</u> |
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| 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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>B. H. Jennings, Farmington, Mo.</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>About 6 Mo.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Intestine.</u> | | |
| | ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>153X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 12-5, 1949, to 4-6, 1954, that I last saw the deceased alive on 4-6, 1954, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>112 Mississippi Crystal City, Mo.</u> | 23c. DATE SIGNED <u>4-8-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>4/8/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u> |
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| DATE RECD BY LOCAL REG. <u>4-8-54</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 502 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funl Home, Farmington, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

MAR

DATE RECEIVED APR 14 1954

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 *C. H. Cozlen*
Licensed Embalmer No. *40*

P. O. Address *FARMINGTON*

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.