

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16389**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Carthage</b>		c. LENGTH OF STAY (in this place) c. CITY OR TOWN <b>Carthage</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mound St. Road</b>		e. STREET ADDRESS (If rural, give location) <b>Mound St. Road</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Richard</b>	b. (Middle) <b>D</b>	c. (Last) <b>Jennison</b>	(Month) <b>5</b>	(Day) <b>30</b>	(Year) <b>1954</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>9-20-1871</b>	9. AGE (in years last birthday) <b>82</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gardner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Ret'd. Truck Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>La Russell Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>D. A. Jennison</b>	13b. MOTHER'S MAIDEN NAME <b>Marrion Smith</b>	14. NAME OF HUSBAND OR WIFE <b>Anna A Groley</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Anna Jennison</b>	ADDRESS <b>Carthage, Mo.</b>
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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 <b>1 yr.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis Chronic interstitial</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Arteriosclerotic Coronary</b> DUE TO (c) <b>arterial disease</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility.</b>			

19a. DATE OF OPERATION <b>NO</b>	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>	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) <b>NONE</b>	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 May 18, 1953, to May 30, 1954, that I last saw the deceased alive on May 30, 1954, and that death occurred at 5 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>George A. Wood M.D.</b>	(Degree or title)	23b. ADDRESS <b>Carthage Mo</b>	23c. DATE SIGNED <b>6/1/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>6-2-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carthage, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>6-2-54</b>	REGISTRAR'S SIGNATURE <b>Marquet Coates</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ulmer Funeral Home</b>	ADDRESS <b>Carthage, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 1 1956

RECEIVED JUN 9  
Maasper County Health O  
County File Number 54-6  
Date Filed JUN 9

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 *William B. Partha*

Licensed Embalmer No. 480

P. O. Address *Partha*

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.