

FILED NOV 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36652

| | | | | |
|--|--|--|--|---|
| BIRTH NO. <u>76405-54</u> | | REG. DIST. NO. <u>43</u> | PRIMARY REG. DIST. NO. <u>3007</u> | Registrar's No. <u>10</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>Puxico</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>1020</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Karen</u> | | b. (Middle) <u>Sue</u> | c. (Last) <u>Jennings</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 6 1954</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u> | 8. DATE OF BIRTH <u>Nov. 3 1954</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>3</u> IF UNDER 24 HRS.: Days <u>3</u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13a. FATHER'S NAME <u>Cecil Jennings</u> | | 13b. MOTHER'S MAIDEN NAME <u>Irene Martin</u> | | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Cecil Jennings Puxico 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</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. | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | <u>776 X</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 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>11-3</u> , 1954, to <u>11-6</u> , 1954, that I last saw the deceased alive on <u>11/6/54</u> , and that death occurred at <u>2:15 p.m.</u> , from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Arthur C. Pankaj, M.D.</u> | | 23b. ADDRESS <u>Poplar Bluff Mo</u> | | 23c. DATE SIGNED <u>11/10/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>Nov 7 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Duck Creek</u> | 24d. LOCATION (City, town, or county) (State) <u>Puxico Stoddard Mo</u> | |
| DATE REC'D BY LOCAL REG. <u>11/17/54</u> | REGISTRAR'S SIGNATURE <u>O. A. Muetters</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Glenn Morgan Puxico Mo</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

489-0

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

RECEIVED

NOV 22 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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..

Not Embalmed

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.