

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40244**
Registrar's No. **39**

BIRTH NO. _____ REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**

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

3. NAME OF DECEASED (Type or Print)	a. (First) DAVID	b. (Middle) R.	c. (Last) JENNINGS	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 19 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 0 Days 28	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Hamilton County, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David N. Jennings	13b. MOTHER'S MAIDEN NAME Elizabeth Jennings	14. NAME OF HUSBAND OR WIFE Nancy K. Jennings
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Robert Jennings, Brookport, Illinois	ADDRESS
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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 2 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erysipelas		
	ANTECEDENT CAUSES Morbidity 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. Generalized Arteriosclerosis		years years	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0.52 X		20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from **2 Aug 1954** to **10/17/54**, that I last saw the deceased alive on **Oct 17, 1954**, and that death occurred at **5:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman E. Hillis MD	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 27 Nov 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 19 1954	24c. NAME OF CEMETERY OR CREMATOR Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
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DATE REC'D BY LOCAL REG. 12/17/54	REGISTRAR'S SIGNATURE R. H. Murrell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
DEC 13 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..

Student _____
Signature of Student Embalmer

Signed *E W Sanders*

Licensed Embalmer No. *228*

P. O. Address *Camp*

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.