

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 523

BIRTH NO. _____		REG. DIST. NO. <u>60</u>		PRIMARY REG. DIST. NO. <u>4106</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar 02001</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jericó spg.</u>		c. LENGTH OF STAY (in this place) <u>25 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jericó spg. Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>02001</u>			
3. NAME OF DECEASED (Type or Print) <u>SMITH - JANE - TENNIS</u>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <u>F. 1</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced 3</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-22-55</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		8. DATE OF BIRTH <u>9-5-1882</u>		9. AGE (in years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>17</u> IF UNDER 12 HRS. Hours <u>17</u> Mins. <u></u>	
11a. BIRTHPLACE (City and State or Foreign Country) <u>Stockton, Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>			
13a. FATHER'S NAME <u>Milton Kenney</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hamby</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Tennis</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>John - Dates, Jericó spg. Mo</u> ADDRESS _____			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>arteriosclerotic hyperlipidemia</u> <u>cardio-vascular disease</u> DUE TO (c) <u>gro</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>hrs.</u>	
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>4201</u>			
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>Dec</u> , 19 <u>51</u> , to <u>1-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-21</u> , 19 <u>55</u> , and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Wm. B. Ricker 2200</u>				23b. ADDRESS <u>Stockton Mo.</u>		23c. DATE SIGNED <u>1-23-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Older Cem</u>		24d. LOCATION (City, town, or county) (State) <u>5-7 E Stockton, Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-31-55</u>		REGISTRAR'S SIGNATURE <u>Norma Timmerman</u> <u>477-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. P. Long - Jericó spg. Mo</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 .....  
Student Embalmer

Signed \_\_\_\_\_

*Mr. D. Long*

Licensed Embalmer No. 3714

P. O. Address Jerico Spg. Md

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 this body is not embalmed, fact should be so stated above.