

FILED FEB 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 1841

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY Morgan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Moniteau

b. CITY (If outside corporate limits, write RURAL and give township) Versailles
c. LENGTH OF STAY (in this place) 1 wk.

c. CITY OR TOWN Latham
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Midwell Rest Home

e. STREET ADDRESS (If rural, give location) 0880

3. NAME OF DECEASED (Type or Print)
a. (First) NORA b. (Middle) ANNE c. (Last) JENNISON
4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1955

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH 2 Oct 28 - 1877
9. AGE (in years last birthday) 77 IF UNDER 1 YEAR Months 2 Days 29 IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY no.

11. BIRTHPLACE (City and State or Foreign Country) Texas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Wm H. Crawford

13b. MOTHER'S MAIDEN NAME Sarah Hiest

14. NAME OF HUSBAND OR WIFE Joseph Jennison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) no

16. SOCIAL SECURITY NO. no.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Gordon Woods Jeff. City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 10 weeks
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 332 X

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955, to Jan 27, 1955, that I last saw the deceased alive on Jan 26, 1955, and that death occurred at 2 Am., from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn M.D.

23b. ADDRESS Versailles, Mo.

23c. DATE SIGNED 1. 29-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 29-1955

24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery

24d. LOCATION (City, town, or county) (State) Latham Mo.

DATE REC'D BY LOCAL REG. 1-29-55 REGISTRAR'S SIGNATURE J. L. O'Connell 214.0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hugh E. Williams California Mo.

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.....
Signature of Student Embalmer

Signed *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.