

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2704**  
Registrar's No. **0884**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Junction</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL 6</b>		STREET ADDRESS (If rural, give location) <b>Rural Route 81208</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Louie</b> b. (Middle) <b>Orville</b> c. (Last) <b>Jennings</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 30, 1955</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>Aug 30, 1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>construction worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>building</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>
13a. FATHER'S NAME <b>Henry Jennings</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>Agnes Jennings,</b>
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>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Agnes Jennings, Junction, Ill.</b>
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) <b>Carcinoma of lungs (primary site) with metastases</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>162x</b>	
22. I hereby certify that I attended the deceased from <b>Jan. 24, 1955</b> , to <b>Jan. 30, 1955</b> , that I last saw the deceased alive on <b>Jan. 30, 1955</b> , and that death occurred at <b>6:15A.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. R. Bradley M. D.</b>		23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>1/30/55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>1-31-55</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>Norris City, Ill.</b>
DATE REC'D BY LOCAL REG. <b>JAN 31 1955</b>	REGISTRAR'S SIGNATURE <b>Charles Smith mo</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Turner, Norris City, Ill.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ronald O Yahn*.....

Licensed Embalmer No. *39*.....

P. O. Address *St Louis*.....

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.