

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7720

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <i>Drumkinn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Ark</i> b. COUNTY <i>Clay</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Kennett</i>	c. LENGTH OF STAY (in this place) <i>2 Days</i>	c. CITY OR TOWN <i>Piggott</i>	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Drumkinn Co. Memorial Hospital</i>		f. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Oscar</i> b. (Middle) <i>Slack</i> c. (Last) <i>Jennings</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>3-27-1955</i>
--	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>May 14, 1882</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR Months <i>10</i> Days <i>12</i>	IF UNDER 24 HRS. Hours <i>12</i> Min.
-----------------------	----------------------------------	--	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Rural, Tenn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
---	-----------------------------------	---	---

13. FATHER'S NAME <i>Lee Jennings</i>	13b. MOTHER'S MAIDEN NAME <i>Adelle Stebbins</i>	14. NAME OF HUSBAND OR WIFE <i>Deceased</i>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Tom Jennings Hayti</i>	ADDRESS <i>Mo.</i>
--	---	--	-----------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>5 min.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary arteriosclerosis unknown</i> 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 <i>4201</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from *3-25*, 1955, to *3-27*, 1955, that I last saw the deceased alive on *3-27*, 1955, and that death occurred at *1:05 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Chester R. Peck M.D.</i>	(Degree or title)	23b. ADDRESS <i>Kennett, Mo.</i>	23c. DATE SIGNED <i>Mar 28, 1955</i>
---	-------------------	-------------------------------------	---

24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3-30-1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Piggott Cemetery Piggott</i>	24d. LOCATION (City, town, or county) (State) <i>Ark.</i>
--	-------------------------------	---	--

DATE REC'D BY LOCAL REG. <i>3-30-1955</i>	REGISTRAR'S SIGNATURE <i>Coul. Husband</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Luiz Durvick</i>	ADDRESS <i>Kennett, Mo.</i>
--	---	---	--------------------------------

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

RECEIVED DUNKLIN COUNTY F

DATE 4-1-55

COUNTY FILE NUMBER 455

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 *Edgar J. ...*

Licensed Embalmer No. 44

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.