

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41608

State File No. _____

FILED DEC 21 1955

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 5953 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Calif.</u> b. COUNTY <u>Los Angeles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural--Buffalo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Burbank</u>	
c. LENGTH OF STAY (In this place) <u>In transit</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 54</u>		d. STREET ADDRESS (If rural, give location) <u>15 B W Linden</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAYNE</u> b. (Middle) <u>BEVERLY</u> c. (Last) <u>TENNENT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 14, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 28, 1914</u>	9. AGE (In years last birthday) <u>41</u> If under 1 year: Months <u>6</u> Days <u>16</u> If under 24 hours: Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>secretary</u>	11. BIRTHPLACE (State or foreign country) <u>Ames, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Dudley D. Langton</u>	13b. MOTHER'S MAIDEN NAME <u>Violet Beverly</u>	14. NAME OF HUSBAND OR WIFE <u>William Tennent</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>484-09-6493</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. William Tennent, Burbank, Calif.</u>
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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 <u>?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma to Heart, Crushed Chest</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>automobile accident</u> 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 <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 54</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Louisiana Pike 052 Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 14 55 10:15 A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Head on collision with Truck</u>
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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased live on the 14, 1955, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>J. O. Mudd Coroner</u>	23b. ADDRESS <u>Trawling Green Mo</u>	23c. DATE SIGNED <u>12-14-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>12/17/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Memories</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec 17, 1955</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>374 Sterne Funeral Home, Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 27 1938

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..... *Virginia M. Sterne*

Licensed Embalmer No. *4645*

P. O. Address *Louisiana, Mo.*

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.