

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43157**

No. 300
10.48

FILED DEC 29 1955

BIRTH NO. _____ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **4497** Registrar's No. **91**

1. PLACE OF DEATH a. COUNTY SHELBY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SHELBY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLARENCE	c. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN CLARENCE	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CLARENCE MO		e. STREET ADDRESS (If rural, give location) CLARENCE MO	

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) BELLE c. (Last) JENNINGS			4. DATE OF DEATH (Month) (Day) (Year) DEC 12 1955		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JUNE 9 1970	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HORSEKEEPING	11. BIRTHPLACE (City and State or Foreign Country) MONROE COUNTY MO		12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME JOHN BAILEY JACOBS		13b. MOTHER'S MAIDEN NAME NANCY JONES		14. NAME OF HUSBAND OR WIFE DAVID JENNINGS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Howard Mercer Macon MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Uremia				3 days
*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) Chronic Glomerulo-Nephritis			2 years
	DUE TO (c) Secondary Anemia			10 years
11. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death. 592x			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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)	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 **Dec 10, 1955** to **Dec 12, 1955**, that I last saw the deceased alive on **Dec 12, 1955**, and that death occurred at **10:15A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B.K. Edrington D.O.		23b. ADDRESS Clarence, Mo.	23c. DATE SIGNED 12/19/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-24-55	24c. NAME OF CEMETERY OR CREMATORY HOLLOWAY CEMETERY	24d. LOCATION (City, town, or county) (State) HOLLOWAY MO
DATE REC'D BY LOCAL REG. 12-20-55	REGISTRAR'S SIGNATURE Ada Garrison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles V. Sheehy Clarence Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

1930

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 *Charles V. Greening*

Licensed Embalmer No. 463

P. O. Address *Clarence*

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.