

FILED JAN 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43375

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 566

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 413 PEARL STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 413 PEARL STREET			
3. NAME OF DECEASED (Type or Print) a. (First) WESLEY b. (Middle) CECIL c. (Last) JENNINGS		4. DATE OF DEATH (Month) (Day) (Year) DEC. 10, 1955	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 4, 1903
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER	
10b. KIND OF BUSINESS OR INDUSTRY PAINTING CONTR.		11. BIRTHPLACE (State or foreign country) ENID, OKLAHOMA	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME EDWARD JENNINGS		13b. MOTHER'S MAIDEN NAME GERN UNDERWOOD	
14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNK (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 4201	
17. INFORMANT'S SIGNATURE OR NAME MRS. FERN BROWN, 413 PEARL STREET		ADDRESS	
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) Coronary occlusion fatal 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. Blood alcohol taken at time of death 210 mgm percent showing degree of intoxication	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	
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? None to my knowledge			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:57 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Corcoran - W. Colman MD (Degree or title)		23b. ADDRESS 413 Pearl St. Bede, Mo	
23c. DATE SIGNED 1/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-13-55	
24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 1-9-56		REGISTRAR'S SIGNATURE [Signature] 138	
25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

56-1-110
JAN 6 1956

JAN 23 1956

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 _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Joplin 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.