

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2529**

No. 300
10.48

FILED JAN 31 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) FARMINGTON		c. CITY OR TOWN FARMINGTON	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 624 WARREN STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 WARREN STREET			

3. NAME OF DECEASED (Type or Print) MARTIN LINN JENNINGS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Mar. 14, 1878		9. AGE (In years last birthday) 77		10. IF UNDER 1 YEAR: Months 11 Days 13	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ENGINEER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) FARMINGTON, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JOSEPH P. JENNINGS		13b. MOTHER'S MAIDEN NAME MARY ANN MURPHY		14. NAME OF HUSBAND OR WIFE LUCILLE M. JENNINGS	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 488-09-7549		17. INFORMANT'S SIGNATURE OR NAME LUCILLE JENNINGS ADDRESS 624 Warren	
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Branchopleuritis		INTERVAL BETWEEN ONSET AND DEATH 3-4 day	
		ANTECEDENT CAUSES DUE TO (b) Cerebral hemorrhage 6 mo Hypertensive Cardio-Vascular Disease			
		DUE TO (c) Heart			
		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 443x		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (m.)		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 Jan 1955, to Jan 27, 1956, that I last saw the deceased alive on Jan 26, 1956, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. E. Carleton, M.D.		23b. ADDRESS Farmington Mo		23c. DATE SIGNED 1-27-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan. 30-56		24c. NAME OF CEMETERY OR CREMATORY PARKVIEW CEMETERY	
				24d. LOCATION (City, town, or county) (State) NEAR FARMINGTON MO	

DATE REC'D BY LOCAL REG. Jan 27 1956		REGISTRAR'S SIGNATURE Eather Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE COZEAN FUNERAL HOME -217 West ADDRESS Farmington, Mo. Columbia.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 3 1956

FEB 17 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *C. H. Cozear*

Licensed Embalmer No. *4084*

P. O. Address *Farmington*

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.