FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13883

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Aurora Hospital — Length of stay in Hospital 3 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence
c. CITY OR TOWN Aurora 0 551 — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 702 Highland — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First MATTIE Middle PARILEE Last NEWCUM

4. DATE OF DEATH Month May Day 7 Year 1956

5. SEX Female 6. COLOR OR RACE White 7. MARRIED X NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH Aug. 1, 1881 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Lawrence County, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Willard Jennings 14. MOTHER'S MAIDEN NAME Mary Elizabeth Durham

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 Charles Newcum Address Aurora, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Intrinsic Bronchial Asthma (Status Asthmaticus) — INTERVAL BETWEEN ONSET AND DEATH 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 241 X

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour, a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan. 1-'56, to May 7-'56 and last saw her alive on 5/7/56. Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. L. Cowan (Degree or title) M.D. 22b. ADDRESS Aurora, Mo. 22c. DATE SIGNED 5/9/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/9/56 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery 23d. LOCATION (City, town, or county) (State) Aurora, Mo.

24. FUNERAL DIRECTOR Guy R. Reynolds ADDRESS Aurora, Mo. 25. DATE RECD. BY LOCAL REG. 5/9/56 26. REGISTRAR'S SIGNATURE Ora McNatt

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Irwin R. Arnold

Licensed Embalmer No. 4

P. O. Address AURORA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.