

FILED JUN 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH15549
State File No.

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		c. CITY OR TOWN <u>Belleflower</u>	
c. LENGTH OF STAY (in this place) <u>14 days</u>		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 <u>University Hospital</u>			
e. STREET ADDRESS (If rural, give location) <u>0 7001</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA ANN</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>JENNINGS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 27 56</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Aug 17, 1892</u>		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Warrenton, OR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Douglas Smith</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BRYANT</u>		14. NAME OF HUSBAND OR WIFE <u>William Lawrence Jennings</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral-Vascular Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 de</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
19. DATE OF OPERATION <u>5-21-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Splanomegaly</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Felty's Syndrome</u>				<u>1-2 yrs</u>	

21a. ACCIDENT (Specify) SUICIDE - HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 1956, to 5-27, 1956, that I last saw the deceased alive on 5-27, 1956, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Duff E. Stephenson Jr. M.D.</u>		23b. ADDRESS <u>107 Oak Hill Hospital</u>		23c. DATE SIGNED <u>5-27-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 30 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Belleflower Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Belleflower MO</u>		DATE REC'D BY LOCAL REG. <u>May 27 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Almond A. Jones Belleflower Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

1-0

STATEMENT BY LICENSED EMBALMER

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

by me or by *me*..... Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clarence D. Jones*.....

Licensed Embalmer No. *292*

P. O. Address *Bellflower*

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.