

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12480/

State File No.

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5266 Registrar's No. 5

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

1. PLACE OF DEATH A. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Finley Twp.	c. LENGTH OF STAY (in this place) 2 Mths.	c. CITY OR TOWN Ozark	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 Christian, Rest Home		STREET ADDRESS (If rural, give location) Ozark, Missouri	
3. NAME OF DECEASED (Type or Print) a. (First) Hannah b. (Middle) c. (Last) Jennings		4. DATE OF DEATH (Month) (Day) (Year) April 29, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 18, 1877
9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME Elas Friend		13b. MOTHER'S MAIDEN NAME Miss. S. Tindle	14. NAME OF HUSBAND OR WIFE Ellis Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Effie Jennings, Sparta, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Circulatory Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Cor Pulmonale DUE TO (c) Old Rheumatic Fever II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Suspected Ca. of bowel	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 416X H	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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 2/10 , 19 55 , to 4/8 , 19 57 , that I last saw the deceased alive on 4/8 , 19 57 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Wendell H. McCormick D.O.		23b. ADDRESS Ozark Mo	23c. DATE SIGNED 4/29/57
24a. BURIAL, CREMATION, REBURY (Specify) Burial	24b. DATE Apr. 30, 57	24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery	24d. LOCATION (City, town, or county) (State) Christian Co, Missouri
DATE REC'D BY LOCAL REG. May 9 1957	REGISTRAR'S SIGNATURE Leta Leonard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. R. Cheffin Ozark Mo	

59-0

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 *T. B. Chaffin*

Licensed Embalmer No. *2182*

P. O. Address *Ozark, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.