

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040548
STATE FILE NUMBER

FILED NOV 18 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 160

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 28 yrs	d. STREET ADDRESS (If outside, give location) 0532 258 Hoover St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Dorothy Jewell Jennings			4. DATE OF DEATH Month Day Year November 3 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 17, 1929
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY —	9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 28 Months Days 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 —	11. BIRTHPLACE (City and state or country) Laclede Co., Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Harold Buatt		13b. MOTHER'S MAIDEN NAME Lois McCormick	14. NAME OF HUSBAND OR WIFE Guy Jennings
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address Guy Jennings 258 Hoover St, Lebanon
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro Vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Metastasis Brain - adenocarcinoma DUE TO (c) 1992			INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1952 Adeno Carcinoma involving P. Kidney and Adipose			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-11-52 to 11-3-1958 and last saw her alive on 11-2-58 Death occurred at 10:55 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title)		22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 11-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Bolles Cemetery	23d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
24. FUNERAL DIRECTOR Dorsey M. Howe ADDRESS Lebanon Mo		25. DATE RECD. BY LOCAL REG. 11-6-1958	26. REGISTRAR'S SIGNATURE Hella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Date Filed NOV 17 1958

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 Dorsey M. How

Licensed Embalmer No. 4222
P. O. Address Lebanon

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.