

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043859
STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 133 Primary Registration District No.

Registrar's No. 162

S. 300
1.-57

1. PLACE OF DEATH a. COUNTY Harrison			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural (Grant twp.)		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Rural Grant twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in Hospital, give location) HOSPITAL OR INSTITUTION at Home		Length of stay in 1b 16 yr	d. STREET ADDRESS (If outside, give location) Ridgeway RFD.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Lee Middle Roy Last Jennings			4. DATE OF DEATH Month 12 Day 22 Year 1958		
5. SEX Male	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 7-20-1905	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months 5 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Bert Jennings		13b. MOTHER'S MAIDEN NAME Cora Frances Miller		14. NAME OF HUSBAND OR WIFE Glenna 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. 49642-0293		17. INFORMANT Cora Jennings Bethany Mo. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GUN SHOT WOUND TO HEART. Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) TWELVE GAUGE SHOTGUN DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH INSTANT
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SHOTGUN WOUND INTO HEART			
20c. TIME OF INJURY Hour 8:30 a.m. Month 12 Day 22 Year 1958					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN SMOKEHOUSE ON FARM		20f. CITY, TOWN, OR LOCATION COUNTY STATE Ridgeway, Mo. 041 Harrison Missouri	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Melvin Smith, Sheriff - A with Sec. 3			22b. ADDRESS BETHANY, Missouri		22c. DATE SIGNED 12-23-1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-24-58	23c. NAME OF CEMETERY OR CREMATORY Miriam		23d. LOCATION (City, town, or county) (State) Bethany Missouri
24. FUNERAL DIRECTOR M. H. Moore		ADDRESS Bethany Mo.		25. DATE RECD. BY LOCAL REG. 12-24-58	26. REGISTRAR'S SIGNATURE Zella Mayes

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.

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 *W. H. Haas*

Licensed Embalmer No. *3899*

P. O. Address *Bethany, W. Va.*

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.