

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045197
STATE FILE NUMBER

FILED JAN 9 1959 Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 185

1. PLACE OF DEATH a. COUNTY Pulaski.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri		c. CITY OR TOWN Crocker, Missouri	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.		d. STREET ADDRESS (If outside, give location) Star Rt. # 3.	
3. NAME OF DECEASED (Type or print) First Middle Last Otey. - - - - Jennings.			4. DATE OF DEATH Month Day Year Dec. 17, 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 Jan 26, 1893
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) Carroll Co, Virginia.
13a. FATHER'S NAME Heath Jennings.		13b. MOTHER'S MAIDEN NAME Catharine Sizemore.	14. NAME OF HUSBAND OR WIFE Rosie Belle 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. Unknown.	17. INFORMANT Address Rosie B. Jennings Crocker, Mo Rt. #3
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Insufficiency, terminal			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocardial Insufficiency, chronic			5 YRS.
DUE TO (c) Hypertension, Nephritis, chronic			5 YRS.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 5810			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 DEC. 10 '58 and last saw her alive on DEC. 16-58. Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature]		22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 12/18/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/19/58	23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery.	23d. LOCATION (City, town, or county) (State) Crocker, Missouri
24. FUNERAL HOME ADDRESS Hedges Funeral Home Crocker, Mo		25. DATE RECD. BY LOCAL REG. 12-18-58	26. REGISTRAR'S SIGNATURE [Signature]

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Licensed Embalmer No.....

P.O. Address

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.