

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009068
STATE FILE NUMBER

FILED MAR 30 1959 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 297A

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2829 W Lombard		Length of stay in 1b	d. STREET ADDRESS (If outside give location) 2829 W Lombard Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Carolyn Jean Jennings			4. DATE OF DEATH Month Day Year Mar. 18, 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 26, 1953
9. AGE (In years last birthday) 5		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Ozark, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME TOM Jennings	
13b. MOTHER'S MAIDEN NAME Joan Kenner		14. NAME OF HUSBAND OR WIFE	
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 Tom Jennings, Springfield, Missouri 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) Infection + dehydration secondary to colic disease			INTERVAL BETWEEN ONSET AND DEATH 1yr +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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. 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 17 Mar/59 to 18 Mar/59 and last saw her alive on 18 Mar/59 Death occurred at 11:45 P. M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. D. Royer M.D. (Degree or title)		22b. ADDRESS Ozark, Mo	22c. DATE SIGNED 20 Mar. 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-22-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Tabor	23d. LOCATION (City, town, or county) (State) Ava, Missouri
24. FUNERAL DIRECTOR Clinkingbeard Funeral Home, Ava, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 3-23-59	26. REGISTRAR'S SIGNATURE Effie E. Melton

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

Lyle G. Glushko

Licensed Embalmer No...4830...

P. O. Address..Cura, Ma...

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.