

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-031854

FILED VS SEP 16 1959

STATE FILE NUMBER

Registration District No. 87 Primary Registration District No. 5342 Registrar's No. 11

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Crawford</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>FRANKLIN</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boone Twp.</u>	Length of stay in lb <u>Passing Through</u>	c. CITY OR TOWN <u>Sullivan</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H.W.J. 4 mi. N. of limits</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>Route # 1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First <u>James</u>	Middle <u>Ray</u>	Last <u>Jennings</u>	Month <u>Sept</u>	Day <u>12</u>	Year <u>1959</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 29 1942</u>	9. AGE (last birthday) <u>16</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (City and state or country) <u>Sullivan Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	Months	Days

13a. FATHER'S NAME <u>GUY M. JENNINGS</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA STRAUSEN</u>	14. NAME OF HUSBAND OR WIFE <u>Never married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>497-44-2442</u>	17. INFORMANT <u>Guy Jennings, Sullivan</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Insufficient Respiration</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.)
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20c. TIME OF INJURY	Hour <u>9</u> a.m. Month, Day, Year <u>12-59</u>
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20d. INJURY OCCURRED WHILE AT WORK <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.) <u>Boone</u>	20f. CITY, TOWN, OR LOCATION <u>Boone</u>	COUNTY <u>Crawford</u>	STATE <u>MO</u>
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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 <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>Steehille Mo</u>	22c. DATE SIGNED <u>Sept 14 59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>SEP. 15 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood</u>	23d. LOCATION (City, town, & county) <u>Lonedell Mo.</u>
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24. FUNERAL DIRECTOR <u>W. J. Eaton</u>	ADDRESS <u>Sullivan, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>9-14-59</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Norman [Signature]
Licensed Embalmer No. 4673
P. O. Address Cuba, [Signature]

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.