

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-034832

FILED VS. OCT 14 1960 149

Registration District No. 1002 Primary Registration District No. 1002 Registrar's No. 4935

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY KANSAS CITY, MISSOURI JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON			Length of stay in 1b		c. CITY OR TOWN PLEASANT HILL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 200 N. LAKE		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN PRYOR JENNINGS				4. DATE OF DEATH Month Day Year SEPT. 30 1960				
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 22-79 81		9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 8 Days 8	IF UNDER 24 HR Hours 8 Min.
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) TAZEWELL, TENN.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME GEORGE JENNINGS			13b. MOTHER'S MAIDEN NAME MARY HARBELL		14. NAME OF HUSBAND OR WIFE CARRIE JENNINGS Address 200 N LAKE			
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. 493-32-2438		17. INFORMANT CARRIE JENNINGS		Address PLEASANT HILL MO	
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 occlusion - massive							INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary disease							? yrs	
DUE TO (c) generalized arteriosclerosis							? yrs	
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 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 s.m. p.m. Month, Day, Year								
20d. INJURY OCCURRED WHILE AT WORK <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 90.		COUNTY STATE		
21. I attended the deceased from March 1960 to Sept 1960 and last saw him live on Sept. 30-1960 Death occurred at 1:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) R Paul Wright M.D.				22b. ADDRESS 1324. Prof. Bldg.		22c. DATE SIGNED NO Sept. '60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE OCT, 3 1960	23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		23d. LOCATION (City, town, or county) (State) PLEASANT HILL MISSOURI			
24. FUNERAL DIRECTOR WALLACE FUNERAL HOME			ADDRESS PLEASANT HILL MISSOURI		25. DATE RECD. BY LOCAL REG. 10-1-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF R Paul Wright

Dr. Paul Wright
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OCT 14 1960

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STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed James C Wallace

Licensed Embalmer No. 3921

P. O. Address Pleasant

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.