MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED NOV 9 1960

-60-039287

STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Pike
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green, Mo.
Length of stay in 1b ****
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **********
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Pike
c. CITY OR TOWN Bowling Green, Mo.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1406 W. Centennial
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Hettie Gertrude Jennings
4. DATE OF DEATH Month Day Year: Oct. 20, 1960
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7-29-1885
9. AGE (last birthday): 76
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ********
11. BIRTHPLACE (City and state or country): Montgomery Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lafe Morgan
13b. MOTHER'S MAIDEN NAME: Alice Crouch
14. NAME OF HUSBAND OR WIFE: Frank Jennings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: *******
17. INFORMANT: Mrs. Alpha Carroll, Address Bowling Green, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: minutes,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Myocardial infarct — minutes,
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension + primary myocardial damage
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Sept 1957 to Oct 20 1960 and last saw her alive on Oct 20, 1960
Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert A. Brooks D.O. (Degree or title)
22b. ADDRESS Bowling Green, Mo
22c. DATE SIGNED 10-24-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10-24-60
23c. NAME OF CEMETERY OR CREMATORY: Bowling Green
23d. LOCATION (City, town, or county) (State): Bowling Green, Mo.
24. FUNERAL DIRECTOR ADDRESS: Bankhead Chapel, Bowling Green, Mo.
25. DATE RECD. BY LOCAL REG.: Oct 24, 1960
26. REGISTRAR'S SIGNATURE: Maidee E. Williams

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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 Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling G

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.