

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041192

STATE FILE NUMBER

REGISTERED VS. NOV 21 1960

43

Primary Registration District No.

3007

Registrar's No.

613

1. PLACE OF DEATH a. COUNTY BUTLER			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE NEW YORK COUNTY NASSAU			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		Length of stay in 1b MINUTES	c. CITY OR TOWN GARDEN CITY, L. I.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOCTORS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 118 Mackville Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last WAYNE LEROY JENNINGS			4. DATE OF DEATH Month Day Year November 7, 1960			
5. SEX male	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 7/24/36	9. AGE (last birthday) 24	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PILOT		10b. KIND OF BUSINESS OR INDUSTRY U. S. Air Force	11. BIRTHPLACE (City and state or country) Covington, Virginia		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILEY L. JENNINGS		13b. MOTHER'S MAIDEN NAME WINIFRED BURCH		14. NAME OF HUSBAND OR WIFE SINGLE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) YES NOW		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address WILEY L. JENNINGS GARDEN CITY, NY			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple Fractures and internal injuries</u>					INTERVAL BETWEEN ONSET AND DEATH <u>about 30 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>internal injuries</u>			DUE TO (c) <u>was driving a car which collided with a train</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.) <u>Collision of automobile and RR train</u>				
20c. TIME OF INJURY Hour 6:15 Month, Day, Year Nov 7-60						
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.) Hwy 67 & Mopac tracks	20f. CITY, TOWN, OR LOCATION Neelyville, Missouri		COUNTY STATE		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>about 645 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Grover W Greer Coroner</u>			22b. ADDRESS <u>Poplar Bluff Mo</u>		22c. DATE SIGNED <u>11-10-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-8-1960	23c. NAME OF CEMETERY OR CREMATORY <u>not specified</u>		23d. LOCATION (City, town, or county) (State) Blytheville, Ark.		
24. FUNERAL DIRECTOR Edwards-Parrent		ADDRESS Naylor, Missouri	25. DATE RECD. BY LOCAL REG. 11/12/60	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 12 1962

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 _____

Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4809

P. O. Address Naylor,

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.