

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042387

FILED VS NOV 22 1964

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 3026 Registrar's No. 544

RECEIVED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	Length of stay in 1b 35 yrs.	a. STATE MISSOURI	b. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE		c. CITY OR TOWN INDEPENDENCE	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.		d. STREET ADDRESS 715 North Delaware	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First EWELL	Middle A.	Last JENNINGS	4. DATE OF DEATH	Month November	Day 17,	Year 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 10-19-1884	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) Storekeeper	10b. KIND OF BUSINESS OR INDUSTRY Indep. Board of Education	11. BIRTHPLACE (City and state or country) Zion, Arkansas	12. CITIZEN OF WHAT COUNTRY USA
--	--	--	--

13a. FATHER'S NAME Gwen Jennings	13b. MOTHER'S MAIDEN NAME Sarah Wilcox	14. NAME OF HUSBAND OR WIFE Addie E. Jennings
---	---	--

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. 490-09-3009	17. INFORMANT Mrs. Addie E. Jennings	Address Independence, Mo.
---	--	---	-------------------------------------

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 2 1/2 yrs
IMMEDIATE CAUSE (a)	adeno carcinoma of rectum metastatic to liver & peritoneum	
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)		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 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 a.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	COUNTY	STATE
--	---	-------------------------------------	---------------	--------------

21. I attended the deceased from 8:32 **to** 11/17/60 **and last saw him alive on** 11/17/60
Death occurred at 8:32 **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE <i>James E. Lind, M.D.</i>	(Degree or title)	22b. ADDRESS <i>10901 Winona Rd Independence, Mo</i>	22c. DATE SIGNED <i>11/18/60</i>
---	-------------------	--	--

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 19, 1960	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City Missouri
---	--	---	---

24. FUNERAL DIRECTOR GEO. C. CARSON & SONS, INDEPENDENCE, MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-19-60	26. REGISTRAR'S SIGNATURE <i>James Craig</i>
--	---------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 8 030

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 R. Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Indep Mo

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