

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016128

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 328 Primary Registration District No. 20-73 Registrar's No. 16

FILED MAY 15 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KEBSO TWP.		Length of stay in 1b 35 YRS	c. CITY OR TOWN CHAFFEE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home - 1/2 Mi. N. of CHAFFEE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First OTTO Middle FRANKLIN Last JENNINGS			4. DATE OF DEATH Month MAY Day 6 Year 1961		
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 Dec-25 1889	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 4 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST (RET.)		10b. KIND OF BUSINESS OR INDUSTRY FRISCO Rwy. Co.		11. BIRTHPLACE (City and state or country) GOGCONDA, ILL.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME JOEL JENNINGS		13b. MOTHER'S MAIDEN NAME EMMA VAUGHAN	
14. NAME OF HUSBAND OR WIFE MELLIE JENNINGS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			
16. INFORMANT Address MRS. MELLIE JENNINGS - Rt 2 - CHAFFEE, Mo.				17. NAME OF HUSBAND OR WIFE	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis					INTERVAL BETWEEN ONSET AND DEATH 10 min
DUPLICATE TO (b) Atherosclerotic Heart Disease					10 yrs
DUPLICATE 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 1957 to 6 May 61 and last saw ^{her} him alive on 6 May 61 Death occurred at 5:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature] (Degree or title) MD			22b. ADDRESS Chaffee Mo		22c. DATE SIGNED 6 May 61
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 8, 1961	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or country) (State) CAPE GIRARDEAU, MISSOURI
24. FUNERAL DIRECTOR ADDRESS Bispinghoff Funeral Home - CHAFFEE, Mo.			25. DATE RECD. BY LOCAL REG. May 6-1961		26. REGISTRAR'S SIGNATURE Mrs Fred Braslin Hoff

MAY 17 1967

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo

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.