SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-041707

STATE FILE NUMBER

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 32

FILED DEC 12 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Maries

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rural Dry Creek

Length of stay in 1b: 4 years

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: Missouri b. COUNTY: Maries

c. CITY OR TOWN: Rural Dry Creek

Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): Dixon, Mo., Hayden Route

Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Ruby Middle: Arvella Last: Jennings

4. DATE OF DEATH: Month: 11 Day: 19 Year: 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 4/6/1903

9. AGE (last birthday): 58

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): Folder

10b. KIND OF BUSINESS OR INDUSTRY: Brown Shoe Co.

11. BIRTHPLACE (City and state or country): Brumley, Missouri

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Thomas Brickey

13b. MOTHER'S MAIDEN NAME: Bessie Beard

14. NAME OF HUSBAND OR WIFE: John 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: Mr. John Jennings, Dixon, Missouri Address: Hayden Route

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): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 2 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Mammary Carcinoma — 2 years

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. ☐ 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 Nov. 18, 1961, to _____ and last saw ~~him~~ her alive on Nov. 18, 1961

Death occurred at 1:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Conley Gates D.O.

22b. ADDRESS: Dixon, Missouri

22c. DATE SIGNED: 11-20-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 11/22/1961

23c. NAME OF CEMETERY OR CREMATORY: Dixon Cemetery

23d. LOCATION (City, town, or county) (State): Dixon, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gilbert Funeral Home, Inc., Dixon, Mo.

25. DATE RECD. BY LOCAL REG.: 11-24-1961

26. REGISTRAR'S SIGNATURE: Mozelle Hutchison

(Licensed Embalmer's Statement on Reverse Side)

VS DEC 13 1961

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_____ Signed Maurice Schierbaum

Signature of Student Embalmer

Licensed Embalmer No. 4505

P. O. Address Vidor, Mo

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