

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016919
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4504

FILED MAY 10 1962

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Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>14 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Masonic Home of Mo.</u>		d. STREET ADDRESS (If outside, give location) <u>1531 Gregg Ave.</u>	
3. NAME OF DECEASED (Type or print) First <u>Frances</u> Middle <u>Pearl</u> Last <u>Jennings</u>		4. DATE OF DEATH Month <u>May</u> Day <u>1</u> Year <u>1962</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/6/75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>86</u>
11. BIRTHPLACE (City and state or country) <u>Huntsville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Steven Jones</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Virginia Parsons</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. NAME OF HUSBAND OR WIFE <u>Edward Jennings (dec')</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Masonic Home of Mo.</u> <u>5351 Delmar Blvd.</u>	
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
IMMEDIATE CAUSE (a) <u>CEREBRAL THROMBOSIS</u>			<u>3 WKS</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>			<u>3 WKS</u>
DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u>			<u>3 WKS</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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
332X			
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 ---
21. I attended the deceased from <u>APRIL 17, 1962</u> to <u>MAY 1, 1962</u> and last saw her <u>him</u> alive on <u>MAY 1, 1962</u> Death occurred at <u>12:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Robert A. Hall, M.D.</u>		22b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS MO.</u>	22c. DATE SIGNED <u>MAY 2, 1962</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (rail)</u>	23b. DATE <u>May 3, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Moberly, Mo.</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 2 1962</u>	26. REGISTRAR'S SIGNATURE <u>Carl Smith, M.D.</u>
ADDRESS <u>4228 S. Kingshighway Blvd.</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 R. W. Stovesend

Licensed Embalmer No. 4007

P. O. Address _____

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.