

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025722

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 340 Primary Registration District No. 4502 Registrar's No. 63  
 FILED JUN 22 1962

VS 300  
 Rev. 4/59  
 1/0 30  
 2 10.30  
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 4 0  
 5 2  
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 7 1  
 8 0  
 9 4500  
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 12 90-2  
 13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Stoddard</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Stoddard</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Puxico, Mo</u>   |   | c. CITY OR TOWN <u>Puxico, Missouri</u>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION   |   | d. STREET ADDRESS (If outside, give location)   |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Richard Field Jennings</u>  |   | 4. DATE OF DEATH Month Day Year<br><u>June 12, 1962</u>   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1/20/1876</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farmer</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Fairfield, Ill</u>  |
| 13a. FATHER'S NAME<br><u>John Allen Jennings</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Angeline ---</u>  | 13. NAME OF HUSBAND OR WIFE<br><u>U S A</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>none</u>  | 17. INFORMANT Address<br><u>Grace Hill Puxico, Missouri</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART FAILURE</u><br>DUE TO (b) <u>GENERALIZED ARTERIOSCLEROSIS</u><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>2-1960</u> to <u>6-12-62</u> and last saw <sup>her</sup> him alive on <u>6-10-62</u><br>Death occurred at <u>3:40</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE <u>J. H. Reinecke D.D.</u> (Degree, or title)  |   | 22b. ADDRESS <u>Puxico Mo</u>   | 22c. DATE SIGNED <u>6-13-62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>6/15/1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Ridge</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Bloomfield, Missouri</u>   |
| 24. FUNERAL DIRECTOR<br><u>Morgan Funeral Home Puxico, Mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>6-14-62</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Velma V. Fisher</u>  |

USE BLACK INK OR TYPEWRITER RIBBON

JUN 29 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W<sup>m</sup> H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.