MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030336
STATE FILE NUMBER

Registration District No. 68 Primary Registration District No. 5266 Registrar's No. 44

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0220
2 0220
3 1
4 0
5 2
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7 0
8 2
9 331X
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12 86-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED AUG 30 1962

1. PLACE OF DEATH
a. COUNTY Christian
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ozark — Length of stay in 1b 5 yr.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Christian rest Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Christian
c. CITY OR TOWN Ozark — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Middle Last: Ellis Lafayette Jennings

4. DATE OF DEATH Month Day Year: Aug. 22, 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12-5-1875
9. AGE (last birthday): 86 — 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): Livestock dealer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Sarvis Point, Mo
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Hiram Jennings
13b. MOTHER'S MAIDEN NAME:
14. NAME OF HUSBAND OR WIFE: Hannah Friend Jennings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT Address: Effie Jennings (daughter-in-law)

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) Cerebrovascular accident, spontaneous middle cerebral artery, rt. — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis, very severe — yrs.
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 18 Aug, to 22 Aug and last saw ~~her~~ him alive on 21 Aug/62
Death occurred at 12 20 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] Roger MD
22b. ADDRESS: Ozark, Mo
22c. DATE SIGNED: 27 Aug 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 24, 1962
23c. NAME OF CEMETERY OR CREMATORY: Linden Cemetery
23d. LOCATION (City, town, or county) (State): Christian Co. Mo.

24. FUNERAL DIRECTOR ADDRESS: Adams-Monger, Ozark, Mo
25. DATE RECD. BY LOCAL REG.: Aug. 27, 1962
26. REGISTRAR'S SIGNATURE: Mary Kaufman

(Licensed Embalmer's Statement on Reverse Side)

Permit obtained Aug. 23, 1962. M.R.

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 Zoe M. Abbott
Signature of Student Embalmer

Licensed Embalmer No. 5115

P. O. Address Springfield 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.