

THE DIVISION OF HEALTH AND HIGIENE
STANDARD CERTIFICATE OF DEATH

58-043882

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 972

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Windsor</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Windsor</u> <u>0420</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		Length of stay in 1b <u>26 days</u>	d. STREET ADDRESS (If outside, give location) <u>509 E. Florence</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ola Amanda Jennings</u>			4. DATE OF DEATH Month Day Year <u>Dec. 11, 1958</u>
5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1-23-1886</u>
9. AGE (In years, months, days) <u>72</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Calhoun, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>J.W. Journey</u>	
13b. MOTHER'S MAIDEN NAME <u>Rebecca Bell</u>		14. NAME OF HUSBAND OR WIFE <u>J.B. Jennings</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Mrs. E.J. Combs</u>		Address <u>Tecumseh, Okla</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) <u>Total Heart Failure</u> DUE TO (c) <u>Hypertensive Vascular Disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>2 mos.</u> <u>15 yrs</u>
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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>Dec 1956</u> to <u>Dec 11, 1958</u> and last saw her alive on <u>Dec 11, 1958</u> Death occurred at <u>5 pm</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>William J. Smith, M.D.</u> (Degree or title)		22b. ADDRESS <u>Windsor, Mo.</u>	
22c. DATE SIGNED <u>12/15/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-13-1958</u>	
23c. NAME OF CEMETERY OR CREMATORIAL <u>Mt. Olivet</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor Mo.</u>	
24. FUNERAL DIRECTOR <u>Ellis Huston</u> ADDRESS <u>Windsor, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-22-58</u>	
26. REGISTRAR'S SIGNATURE <u>Nelceda Bigums</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clifford Louge*

Licensed Embalmer No. *5014*

P. O. Address *Windsor, 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.