

MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 14 1960

-60-006029

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 69 STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Henry	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor	a. STATE Mo.	b. COUNTY Henry
Length of stay in 1b 2 days		c. CITY OR TOWN Windsor	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital		d. STREET ADDRESS 105 W. Center	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First EARLE	Middle FLERNOY	Last JENNINGS	Month March	Day 6	Year 1960
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-20-1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Windsor Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	

13a. FATHER'S NAME James C. Jennings	13b. MOTHER'S MAIDEN NAME Adda Glover	14. NAME OF HUSBAND OR WIFE Lurene Adams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW I 7-22-1918	16. SOCIAL SECURITY NO. 489-42-5059	17. INFORMANT Mrs. Earle Jennings Windsor Mo.

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)	Circulatory Collapse	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Coronary Occlusion	30 min
	DUE TO (c) Arteriosclerotic Heart Disease	4 years
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 type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 **March 1958** to **6 March 1960** and last saw him ^{live} on **6 March 1960**
Death occurred at **11:15 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>William J. Smith MD</i>	(Degree or title)	22b. ADDRESS Windsor, Mo.	22c. DATE SIGNED 3/8/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-9-1960	23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery	23d. LOCATION (City, town, or county) (State) Windsor Henry Mo.
24. FUNERAL DIRECTOR Clifford Gouge	ADDRESS Windsor, Mo.	25. DATE RECD. BY LOCAL REG. Mar 9, 1960	26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

