

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 60001293 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED 25 65**

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH  
a. COUNTY Henry

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Henry

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in 1b 53yrs

c. CITY OR TOWN Windsor, Inside Limits Yes  No

c. FULL NAME OF (IF NOT in Hospital, give location) HOSPITAL OR INSTITUTION Resthaven Nursing Home Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 206 Jackson St., Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) ROBERT JEFFERSON JENNINGS First Middle Last

4. DATE OF DEATH Jan. 9, 1965 Month Day Year

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 11/4/77 9. AGE (last birthday) 87 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Physician-Int. Medicine 10b. KIND OF BUSINESS OR INDUSTRY Int. Medicine 11. BIRTHPLACE (City and state or country) Henry County, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Thomas Jefferson Jennings 13b. MOTHER'S MAIDEN NAME Elizabeth Bradley 14. NAME OF HUSBAND OR WIFE Ella Pearl Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW II 16. SOCIAL SECURITY NO. none 17. INFORMANT Address Wilton Jennings, San Diego, Calif.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory collapse INTERVAL BETWEEN ONSET AND DEATH instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Senility 2 years

DUE TO (c) Bleeding peptic ulcer 6 months

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 1 Month 1 Day 1 Year 1965 a.m. p.m.

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 Windsor, Mo. COUNTY Henry STATE Mo.

21. I attended the deceased from 3:20 p. 1962 to 1965 and last saw him alive on 1-6-65. Death occurred at 3:20 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William Smith (Degree or title) 22b. ADDRESS 103 W. Colt St. Windsor, Mo. 22c. DATE SIGNED 1-15-65

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 1/12/65 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery 23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR Huston Funeral Home, Windsor, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. JAN. 18, 1965 26. REGISTRAR'S SIGNATURE Mildred Begins

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

WMS

JAN 27 1965

**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 *Ellen E. Hunter*

Licensed Embalmer No. 3391

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.