

FILED OCT 2 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE — MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

124

STATE FILE NUMBER

CERTIFICATE OF DEATH

68 0036523
219

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 219

DO NOT WRITE
ON THIS STUBVS 300
Rev. 1/68

9. 0
10a. 72
10b.
11. 0
12. 0
13. 4339
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

4.0425
5. 2

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0420

PARENTS

CAUSE

CERTIFIER

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Roy Beecher Jennings			2. Male	3. September 17, 1968		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH
4. White		5b. 72	5c.	5d.	6. 11-15-1895	7a. Henry
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Clinton			7d. Wetzel Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Mo.		9. U. S. A.		10. Never married		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 497-42-5556		13b. Rt. Farmer		13d.		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Mo.		14b. Henry	14c. 8 mi. S. of Windsor		14d. no	14e. 8 mi. south of Windsor
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. Charles F. Jennings			15. Journey Joella (?) Jennings			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Wayne Jennings			17b. 6829 Elm Raytown, Mo. 64133			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE:						
(a) Medullary Paralysis						Seconds
DUE TO, OR AS A CONSEQUENCE OF:						
(b) Cerebral vascular thrombosis						Seconds
DUE TO, OR AS A CONSEQUENCE OF:						
(c) Cerebral arteriosclerosis						Months
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (GIVE CELLULITIS & PHLEBOTHROMBOSIS LEFT LEG)					AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
					19a. NO	19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION		[STREET OR R.F.D. NO., CITY OR TOWN, STATE]	
20a.		20f.	20g.			
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. DECEASED FROM		21b. 1962 TO 9-17-68	21c. 9	21d. 17-68	21e. vid	21f. 8:50 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)	
23a. CLAYTON L. GOSPEY		23b. Clinton K. Glespy		23c.	9/20/68	
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN	STATE	
23a.		23b.		23c.	23d.	
23a. 705 E. Ohio		23b. Clinton		23c. Mo.	23d. 64135	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. Laurel Oak Cemetery		24c. Windsor Mo.		
DATE		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. Sept. 20, 1968		24e. Gouge Funeral Home 301 W. Benton St. Windsor, Mo.				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25b. Clifford Gouge			25a. Mildred Bigum		25c. 9-25-68	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

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 Young

Licensed Embalmer No. 5013

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.