

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20106

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6073 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS COUNTY</u> <u>Bonne Terre Mo</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perry Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre 0940</u>	
c. LENGTH OF STAY (in this place) <u>—</u>		d. STREET ADDRESS (If rural, give location) <u>Rural. Rout. 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home.</u>			

3. NAME OF DECEASED (Type or Print) <u>ELVEY EVERETT JENNINGS.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1954</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married.</u>	8. DATE OF BIRTH <u>JAN. 1, 1892.</u>		9. AGE (In years last birthday) <u>62</u> Months <u>5</u> Days <u>10</u> Hours <u>—</u> Mins. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VETERAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>odd jobs</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Alex Jennings</u>		13b. MOTHER'S MAIDEN NAME <u>Adie Patterson</u>		14. NAME OF HUSBAND OR WIFE <u>Florence Hodge</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give year or dates of service) <u>Wor Name.</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florence Jennings</u> ADDRESS <u>Bonne Terre Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>years of high nervous tension</u>		
	DUE TO (c) <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 1954, to Mar 3, 1954 that I last saw the deceased alive on Mar 3, 1954 and that death occurred at 3:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. M. Maturity</u>	23b. ADDRESS <u>P.O. Bonne Terre Mo</u>	23c. DATE SIGNED <u>6/12/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonne Terre Mo</u>
		24d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo</u>

DATE REC'D BY LOCAL REG. <u>June 12, 1954</u>	REGISTRAR'S SIGNATURE <u>Ether Redloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks Funeral Home.</u> ADDRESS <u>BONNE TERRE, MO 65.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

940

JUN 29 1934

COPIES

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
Student Embalmer

Signed Everett Sparks

Licensed Embalmer No. _____

P. O. Address 4287

Flat River 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 this body is not embalmed, fact should be so stated above.