

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037300

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Register District No. 314 Primary Registration District No. 3059 Registrar's No. 380

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 24 1963

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 3 mos	c. CITY OR TOWN Bonne Terre No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Rest Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 113 Shepard St Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Alvine Alexander Jennings			4. DATE OF DEATH Sept 15, 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Apr 6, 1904 = 59	9. AGE (last birthday)	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during rest of working life even if retired) Mine Car Repairman		10b. KIND OF BUSINESS OR INDUSTRY Lead Mines	11. BIRTHPLACE (City and state or country) Ste Genevieve County, Mo. US	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Alex Jennings		13b. MOTHER'S MAIDEN NAME Jennie Patterson		14. NAME OF HUSBAND OR WIFE Bevia Stegall Jennings (dec)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 490-03-1505	17. INFORMANT Howard Jennings 113 Shepard St Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Rheumatic heart disease		INTERVAL BETWEEN ONSET AND DEATH over 20 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute gastro-enteritis with dehydration		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 type="checkbox"/> NO <input checked="" 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 2-22-54 to 9-14-63 and last saw ^{her} him alive on 9-14-63
Death occurred at 7:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Bevia Stegall Jennings M.D.* 22b. ADDRESS **Bonne Terre, Missouri** 22c. DATE SIGNED **9-18-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Sept 18, 1963** 23c. NAME OF CEMETERY OR CREMATORY **Bonne Terre** 23d. LOCATION (City, town, or county) (State) **Bonne Terre, Mo.**

24. FUNERAL DIRECTOR ADDRESS **C.Z. Boyer & Son, Inc. Bonne Terre, Mo.** 25. DATE RECD. BY LOCAL REG. **Sept. 18, 1963** 26. REGISTRAR'S SIGNATURE *Ethel Rudloff*

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
1 0941
2 0941
3
4 0
5 2
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7 0
8 2
9 416X
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11
12 86-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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 Burlin T. Boyer, Jr.

Licensed Embalmer No. 5117

P. O. Address Bonne Terre, 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.