

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 39756

FILED DEC 8 1953

BIRTH NO. _____		REG. DIST. NO. <u>223</u>		PRIMARY REG. DIST. NO. <u>4334</u>		Registrar's No. <u>55</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Latham</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Latham</u>		d. STREET ADDRESS (If rural, give location) <u>0680</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edgar</u>		b. (Middle) <u>Coleman</u>		c. (Last) <u>Jennison</u>	
4. DATE OF DEATH		(Month) <u>11</u>		(Day) <u>22</u>		(Year) <u>53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 25, 1895</u>	
9. AGE (in years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>4</u>		IF UNDER 12 HRS. Hours <u>2</u> Mins. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Moniteau, County</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Arthur Jennison</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Jennison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Shot wound</u> DUE TO (b) <u>Shot wound</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>in barn</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Latham Moniteau MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second) <u>self-inflicted</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) (Second)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>self-inflicted</u>			
22. I hereby certify that I attended the deceased from <u>Nov. 22, 1953</u> , to <u>Nov. 22, 1953</u> , that I last saw the deceased alive on <u>Nov. 22, 1953</u> , and that death occurred at <u>1:20 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. H. Brown</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>11/25/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Latham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Latham, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-30-53</u>		REGISTRAR'S SIGNATURE <u>Mrs. F.W. Scott</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deputy Williams</u>		ADDRESS <u>Funeral Home California</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6 230-5

**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

*Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California 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.