

FILED JUL 5-1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20798

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 43			
1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE MISSOURI b. COUNTY MONITEAU					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CALIFORNIA		0687			
d. FULL NAME OF HOSPITAL OR INSTITUTION Home California				d. STREET ADDRESS (If rural, give location) California mo 0					
3. NAME OF DECEASED (Type or Print) HARRY WAYNE JENNISON				4. DATE OF DEATH (Month) (Day) (Year) June 9, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 3		8. DATE OF BIRTH Oct. 8, 1893			
9. AGE (In years last birthday) 57		10. MONTHS Days Hours Min.		11. BIRTHPLACE (State or foreign country) Moniteau County		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY Jeweler					
13a. FATHER'S NAME ARTHUR E. JENNISON				13b. MOTHER'S MAIDEN NAME MARGRET THOMPSON		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. 514-22-1627		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ARTHUR E. JENNISON, California, Mo			
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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years 6 years	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		4221			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 June 8, 1951, to June 9, 1951, that I last saw the deceased alive on June 8, 1951, and that death occurred at 7 A.M., from the causes and on the date stated above.									
23a. SIGNATURE Remy Latham (Degree or title) MD				23b. ADDRESS California, Mo.		23c. DATE SIGNED 6-11-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/51		24c. NAME OF CEMETERY OR CREMATORY Latham Cemetery		24d. LOCATION (City, town, or county) (State) Latham, Moniteau, Mo.			
DATE REC'D BY LOCAL REG. 6-20-51		REGISTRAR'S SIGNATURE H.R. Popejoy L.R.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WILLIAMS FUNERAL HOME, California, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

7-3-51

1961 61 708

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 7-3-51 \_\_\_\_\_

AUG 7

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed .....  
Student Embalmer

Licensed Embalmer No. 2854

P. O. Address California 9

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.