

FILED FEB 9 1955

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1841

BIRTH NO.		REG. DIST. NO. <u>236</u>		PRIMARY REG. DIST. NO. <u>4352</u>		Registrar's No. <u>7</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY OR TOWN <u>Versailles</u>		c. LENGTH OF STAY (In this place) <u>1 wk.</u>		c. CITY OR TOWN <u>Latham</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kidwell Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>0880 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>NORA</u>		b. (Middle) <u>ANNE</u>		c. (Last) <u>JENNISON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 27 1955</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>2 Oct 28 - 1877</u>	
9. AGE (In years last birthday) <u>77</u>		10. MONTHS <u>2</u>		11. DAYS <u>29</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Wm H. Crawford</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hiest</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Jennison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Gordon Woods</u> ADDRESS <u>Jaff. City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>10 weeks</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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				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)			
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 <u>Jan 15, 1955</u> , to <u>Jan 27, 1955</u> , that I last saw the deceased alive on <u>Jan 26, 1955</u> , and that death occurred at <u>2 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack Gunn M.D.</u> (Degree or title)				23b. ADDRESS <u>Versailles, Mo.</u>		23c. DATE SIGNED <u>1. 29-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan 29-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Latham Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Latham Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-29-55</u>		REGISTRAR'S SIGNATURE <u>L. O. Y. Ash</u> 214.0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E. Williams</u> ADDRESS <u>California Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.