

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5513

BIRTH NO. _____		REG. DIST. NO. 236		PRIMARY REG. DIST. NO. 4351		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Barnett</u>)		c. LENGTH OF STAY (in this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barnett 071</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnett</u>				d. STREET ADDRESS (If rural, give location) <u>Barnett</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ranie-</u>		b. (Middle) <u>Butford</u>		c. (Last) <u>JENKIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>17 Feb 1950</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>22 Feb 1900</u>	
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet-maker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Miller Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Sterling Jenkin</u>		13b. MOTHER'S MAIDEN NAME <u>Veleda Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Nellie Jenkin</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. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Jenkin</u>		ADDRESS <u>Barnett</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>CARDIOTHROMBOSIS</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>CARDIECTASIS</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 years 10 mo 16 years</u> <u>1501</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				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.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>			
22. I hereby certify that I attended the deceased from <u>July 6, 1947</u> to <u>Feb 17, 1950</u> , that I last saw the deceased alive on <u>Feb 10, 1950</u> and that death occurred at <u>8:50 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. F. Burkstresser V.D.O.</u>				23b. ADDRESS <u>ELDON Mo.</u>		23c. DATE SIGNED <u>18 Feb 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>19 Feb 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eugene-Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Eugene Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 20-1950</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith McKay</u>		ADDRESS <u>ELDON Mo.</u>	

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

V.O.C. - (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 1-50-109

Date Filed 2-21-57

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 Keith McKays

Licensed Embalmer No. 3998

P. O. Address Eldon 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.