

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

9657

0660

BIRTH NO. 124 REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5783 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon R3 Richwoods</u>		c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon R3, Missouri Richwoods</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <u>0660</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u> b. (Middle) <u>Pearl</u> c. (Last) <u>Jenkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7, 1898</u>	9. AGE (In years last birthday) <u>51</u>	IF UNDER 1 YEAR Month <u>9</u> Day <u>21</u>
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	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John A. Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Machon</u>		14. NAME OF HUSBAND OR WIFE <u>Milton F. Jenkins</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 ADDRESS <u>Milton F. Jenkins Dixon R 3, Missouri</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Myocardial Failure</u>					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asystolia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u>					
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 <u>March 20 1950</u>		19b. MAJOR FINDINGS OF OPERATION			120. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 2, 1949</u> to <u>March 27, 1950</u> , that I last saw the deceased alive on <u>March 27, 1950</u> , and that death occurred at <u>4:25 PM</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. A. Gould D.O.</u>			23b. ADDRESS <u>Iberia, Mo.</u>		23c. DATE SIGNED <u>3/28/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/31/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Miller County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>March 30 1950</u>		REGISTRAR'S SIGNATURE <u>Jessie Perkins 195</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter P. Nedges Iberia, Mo.</u>	

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
Student Embalmer

Signed Walter P. Hedges.....

Licensed Embalmer No. 4265.....

P. O. Address Iberia, Missouri.....

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.