

FILED SEP 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32417**

180
2

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

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 87	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Hickory			
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Washington Twp		c. LENGTH OF STAY (In this place) 2-6-3		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN Cross Timbers Mo 0430			
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 3				d. STREET ADDRESS (If rural, give location) Rural			
3. NAME OF DECEASED (Type or Print) a. (First) Julia		b. (Middle) _____		c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) 9-11-50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 12-6-1865	
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 9 Days 5		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Lafayette Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Johnson		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS State Hospital no. 3 records, Nevada			
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) Arterio Sclerotic Heart Disease				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs +	
		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. 4300					
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION —				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) None		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) None		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 9-8-50 to 9-11-1950 , that I last saw the deceased alive on 9-11-1950 and that death occurred at 5:45 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Al Beach, M.D.				23b. ADDRESS State Hospital # 3		23c. DATE SIGNED 9-11-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/11/50		24c. NAME OF CEMETERY OR CREMATORY Cross Timbers		24d. LOCATION (City, town, or county) (State) Cross Timbers Mo.	
DATE REC'D BY, LOCAL REG. Sept 11 50		REGISTRAR'S SIGNATURE Rathjens H. Hancus		331		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Chas. Gilbert Hathaway Whiteland, Mo.	

(Licensed Embalmer) Statement on Reverse Side

DIVISION OF HEALTH OF MO.

District No. 5, Springfield

RECEIVED SEP 18 1950

Dist. File 950-1448

Date Filed 9-23-50

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 Student Embalmer

Signed Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland 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.

By Ralph Hutton