

No. 300
10-48
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FILED OCT 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34398

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 594 Registrar's No. 138

1. PLACE OF DEATH a. COUNTY <u>Polk (Marion) Township</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Polk (Marion)</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Baliviar Marion</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baliviar Marion</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>6 1/2 Mi. N.E. of Baliviar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 Mi. N.E. of Baliviar</u>		d. STREET ADDRESS (If rural, give location) <u>6 1/2 Mi. N.E. of Baliviar</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Smith</u> c. (Last) <u>Jenkins</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 12 1950</u>
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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>Mar 11 1871</u>	9. AGE (In years last birthday) <u>79</u> <u>7</u> <u>1</u>	10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Polk County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Salomon Jenkins</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Birdsey Thomas</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Jenkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Emma Jenkins</u>	ADDRESS <u>Baliviar Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRAGE</u>		<u>48 HR.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>		<u>15 YR</u>
DUE TO (c) _____		<u>32 1/2</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>UREMIA - ACUTE URINARY RETENTION - HYPERTROPHY PROSTATE</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 12 Oct, 1950, to 12 Oct, 1950, that I last saw the deceased alive on 12 OCT, 1950, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John P. Brien M.D.</u> (Degree or title)	23b. ADDRESS <u>Baliviar Mo</u>	23c. DATE SIGNED <u>10/11/50</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 15 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Layne Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Polk Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 19 1950</u>	REGISTRAR'S SIGNATURE <u>Ralph Gorden per Jewell Ford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Blue</u>	ADDRESS <u>Baliviar Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

OCT 25 1950

Dist. File

1050-8166

Date Filed

10-26-50

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Willard B. Erwin

Licensed Embalmer No.

3092

P. O. Address

Balunox, 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.