

FILED JAN 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41870

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>6033</u>		Registrar's No. <u>175</u>		
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Gatewood, Mo.</u>		c. LENGTH OF STAY (In this place) <u>5 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Gatewood</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Emmure</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u>			b. (Middle)		c. (Last) <u>Jenkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec-10-1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>widowed</u>	8. DATE OF BIRTH <u>9-26-1872</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></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>Virginia</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Curtis Cass</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>William Jenkins</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></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jewel Yarker</u>				ADDRESS <u>Gatewood, 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						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart disease</u>							
	ANTECEDENT CAUSES DUE TO (b) <u>hypertension and</u>							
	DUE TO (c) <u>arteriosclerosis</u>							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						443X	
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)		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>Dec. 9, 1950</u> , to <u>Dec. 9, 1950</u> , that I last saw the deceased alive on <u>Dec. 9, 1950</u> , and that death occurred at <u>Dec. 10 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>J. Kilbuck M.D.</u>				23b. ADDRESS <u>Bonifan, Missouri</u>		23c. DATE SIGNED <u>1-2-1951</u>		
24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-11-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Home</u>		24d. LOCATION (City, town, or county) (State) <u>Tucker, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-6-51</u>		REGISTRAR'S SIGNATURE <u>W.D. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Nabel</u>		ADDRESS <u>Funeral Home</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

910

RECEIVED

JAN 8 1951

DISTRICT HEALTH OFFICE No

No.

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 H. G. McNabb

Licensed Embalmer No. 619

P. O. Address Pocahontas, Ark

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.