

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5789

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived, if Institution: residence before admission) a. STATE Missouri b. COUNTY Carter	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL TOWN Farmington St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hunter	
c. LENGTH OF STAY (In this place) 28 days		0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIAM	b. (Middle) E.	c. (Last) JENKINS	(Month) February	(Day) 20,	(Year) 1951

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 29, 1867	9. AGE (In years last birthday) 83	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming and merchant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Jenkins	13b. MOTHER'S MAIDEN NAME Louisa Harshbarger	14. NAME OF HUSBAND OR WIFE Orea Ann Holloway
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.	ADDRESS None
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4-5 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		DUE TO (b) <u>Senility</u>		Unknown
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		491X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Psychosis with Cerebral Arteriosclerosis</u>		Abt. 7 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 Jan. 22, 1951, to Feb. 20, 1951, that I last saw the deceased alive on Feb. 20, 1951, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John A. Brennan M.D.</u>	23b. ADDRESS Farmington, Mo. State Hospital No. 4	23c. DATE SIGNED 2-21-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Hunter Cemetery	24d. LOCATION (City, town, or county) (State) Hunter, Missouri
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DATE REC'D BY LOCAL REG. Feb. 23, 1951	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE Pewitt Funeral Home, Van Buren, Missouri	ADDRESS None
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0940
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File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 5 1951

RECEIVED

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 Leaton Pewitt

Signed.....
Student Embalmer

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.