

FILED NOV 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. 33229

Registrar's No. 946

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> 4396	
c. LENGTH OF STAY (In this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural give location) <u>425 East Calhoun</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>425 East Calhoun</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Leona</u>	b. (Middle) <u>E. Jenkins</u>	c. (Last) <u>Jenkins</u>	Month <u>Nov</u>	Day <u>4</u>	Year <u>1951</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Jan. 31, 1888</u>	9. AGE (In years last birthday) <u>63</u>	of UNDER 1 YEAR Months <u>9</u>	of UNDER 1 YEAR Days <u>4</u>	of UNDER 1 YEAR Hours <u></u>	of UNDER 1 YEAR Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nurse</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Jenkins</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Belle Kummer</u>	13c. NAME OF HUSBAND OR WIFE <u>Divorced Not Known</u>
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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>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kass Jenkins Dunningan Mo.</u>	ADDRESS <u></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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>arterio sclerotic Ht. Dis</u>	DUE TO (c) <u></u>	years <u>4</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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)
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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 Sept 4, 1948, to Nov 4, 1951, that I last saw the deceased alive on Oct. 30, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>11-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dunningan Cemetery Dunningan, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u></u>
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DATE RECD BY LOCAL REG. <u>11-4-51</u>	REGISTRAR'S SIGNATURE <u>W. S. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Blue Jenkins</u>	ADDRESS <u>Dunningan Missouri</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0396

and

RECEIVED
DECEMBER 1951
1951

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 Balmar, 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.