

U.S. No. 300
REV. 10-48

JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

1079

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>138</u>		PRIMARY REG. DIST. NO. <u>5523</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Hickory (Green Township)</u> b. CITY OR TOWN <u>Polk</u> c. LENGTH OF STAY (in this place) <u>16 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8 mi. North of Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u> c. CITY OR TOWN <u>Polk</u> d. STREET ADDRESS <u>8 mi. north of Polk</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Jenkins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5 1952</u>				
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>Sept. 27 1879</u>	
9. AGE (in years last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>David Estes Jenkins</u>			13b. MOTHER'S MAIDEN NAME <u>Zilphia Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie P. Jenkins</u>		
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>Mrs. J. J. Jenkins</u> ADDRESS <u>Polk, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>McDullary failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Encephalomalacia and</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had cerebral hemorrhage and</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>gross hemiplegia 3 yrs. previous to death</u>				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) <u>3:32 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>332x</u>			
22. I hereby certify that I attended the deceased from <u>1945</u> , 19 <u> </u> , to <u>1-5</u> , 19 <u>52</u> that I last saw the deceased alive on <u>1-4-52</u> , 19 <u> </u> , and that death occurred at <u>7:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. H. Dumbauld</u> (Degree or title)				23b. ADDRESS <u>Bolivar Mo.</u>		23c. DATE SIGNED <u>1-10-52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Funeral</u>		24b. DATE <u>Jan. 8 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Antioch Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Pittsburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-11-52</u>		REGISTRAR'S SIGNATURE <u>May Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Blue</u>		ADDRESS <u>Bolivar Mo.</u>	

0430

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

RECEIVED JAN 14 1952

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed JAN 14 1952 -----

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 *Howard B. Erwin*

Licensed Embalmer No. *3092*

P. O. Address *Salina, 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.