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No. 300
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FILED FEB 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township). Rural-- RR 2 Blue 0480	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. San. & Hosp.		d. STREET ADDRESS (If rural, give location) E. Of Indep, Mo. 1	

3. NAME OF DECEASED (Type or Print) a. (First) CLAYTON b. (Middle) LENOX c. (Last) JENKINS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1952
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Oct. 8, 1935	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student	10b. KIND OF BUSINESS OR INDUSTRY High School	11. BIRTHPLACE (State or foreign country) Independence, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank H, Jenkins	13b. MOTHER'S MAIDEN NAME Blanch Lenox	14. NAME OF HUSBAND OR WIFE ---
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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) No	16. SOCIAL SECURITY NO. 496-34-4957	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Blanch Byrum Indep, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Trauma to head & chest		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Probably fractured skull		
	DUE TO (c)		
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 Post Refused. 1 d	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 24 Highway	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Jackson MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-3-52 8 P.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto accident
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Hugh H. Owens Coroner	23b. ADDRESS 1834 Realtos Bldg	23c. DATE SIGNED 2-6-52
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24a. BURLIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE Feb. 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Salem	24d. LOCATION (City, town, or county) (State) East of Indep. Mo. 5mi.
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DATE REC'D BY LOCAL REG. 2-7-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 334 1/2 Otter Mitchell Indep, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

37
486

5010 T HBR

FEB 18 REC'D

Faint, mostly illegible text from the reverse side of the certificate, including names and dates.

FEB 20 1932

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 me

working under my personal supervision.

Student Embalmer No.....

Signed Henry G. Mitchell

Signed.....
Student Embalmer

Licensed Embalmer No. 3925

P. O. Address Indep. 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.