

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9392

FILED MAR 18 1952

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Sedalia	c. LENGTH OF STAY (in this place) 30 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Longwood Rural 0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION Buena Vista Home		d. STREET ADDRESS (If rural, give location) Route 1 0	

3. NAME OF DECEASED (Type or Print) a. (First) NIMROD b. (Middle) c. (Last) JENKINS			4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Sept. 21, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 5	IF UNDER 24 HRS. Days 13	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer retired		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (State or foreign country) Pettis County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME James Jenkins		13b. MOTHER'S MAIDEN NAME Susan Kelly		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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ernest Jenkins, Otterville, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Prostate</i> ANTECEDENT CAUSES Asorbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 years	
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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) 177X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Feb 21, 1952, to Mar 4, 1952, that I last saw the deceased alive on Mar 3, 1952, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>E. Seaverly M.D.</i>		23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 3/6-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 0	24b. DATE 3/6/52	24c. NAME OF CEMETERY OR CREMATORY Millers Chapel Cemetery	24d. LOCATION (City, town, or county) (State) Rural Pettis County Mo.		
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DATE REC'D BY LOCAL REG. 3/6/52		REGISTRAR'S SIGNATURE <i>W. J. Campbell M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Dr. E. Baker</i> Sedalia, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1800
4

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 F. E. Baker

Licensed Embalmer No. 2419

P. O. Address Cedalia 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.