

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28519

State File No. \_\_\_\_\_

Registrar's No. 156

156 AUG 30 1952

REG. DIST. NO. 157

PRIMARY REG. DIST. NO. 5584

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avilla (Mrs Donald Judd)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Avilla</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Avilla, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Avilla, Mo.</u>			
3. NAME OF DECEASED a. (First) <u>Lydia</u> (Type or Print)		b. (Middle) <u>Mae</u>	
		c. (Last) <u>Jenkins</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1952</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22, 1893</u>
9. AGE (In years last birthday) <u>59</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxie, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Edwards</u>		13b. MOTHER'S MAIDEN NAME <u>Nacey Dawson</u>	
14. NAME OF HUSBAND OR WIFE <u>William H. Jenkins</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>William H. Jenkins</u>		ADDRESS <u>Avilla, Mo.</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Pulmonary Tuberculosis</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>about 4 years</u>	
ANTECEDENT CAUSES Morbid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <u>NO</u>			
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) <u>Carthage, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>12-7-</u> , 19 <u>49</u> , to <u>8-19</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>52</u> , and that death occurred at <u>5:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>M. D.</u> (Degree or title)		23b. ADDRESS <u>Carthage, Missouri</u>	
		23c. DATE SIGNED <u>8-19-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 21</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Havery Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-20-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>	

RECEIVED 8-28-52  
Jasper County Health Office

County File Number 52/0/670  
Date Filed 8-28-52

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 \_\_\_\_\_

Robert E. Muhlman

Student Embalmer No. 462

working under my personal supervision.

Student Robert E. Muhlman  
Student Embalmer

Signed

William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Cathage, 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.