

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34796

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

FILED NOV 3 1952

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5510</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater (Rural)</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Deepwater (Rural)</u>		04:0 d	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairview Township</u>				d. STREET ADDRESS (If rural, give location) <u>Fairview Township</u>			
3. NAME OF DECEASED (Type or Print) <u>Charlotte</u>			a. (First) _____ b. (Middle) <u>--</u> c. (Last) <u>Jenkins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct; 27, 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 13, 1863</u>		9. AGE (in years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Fred Rose</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Raymond Rufenacht, Deepwater 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Myocarditis, Arteriosclerosis</u> DUE TO (c) <u>Age</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 days</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>4221</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) _____ m.		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>1949</u> , to <u>Oct 27 1952</u> , that I last saw the deceased alive on <u>Oct 27, 1952</u> , and that death occurred at <u>7A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>S. B. Hermann D.O.</u>				23b. ADDRESS <u>John St. and</u>		23c. DATE SIGNED <u>10-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cross Timbers Cross Timbers Mo</u>		24d. LOCATION (City, town, or county) (State) <u>_____</u>		
DATE REC'D BY LOCAL REG. <u>Oct 28 52</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Handcock</u>		ADDRESS <u>Osceola Mo</u>	

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

0420

**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 J. B. Goodrich

Licensed Embalmer No. 3038

P. O. Address Quincy 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.