V.S. No. 300
Rev. 10-48

10

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2403

BIRTH NO. FILED JAN 26 1953 REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4394 Registrar's No. 5

0770
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 101 — Accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Audrian
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia, Mo. 0040
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): Alvin
b. (Middle): Henry
c. (Last): Jenkins

4. DATE OF DEATH (Month) (Day) (Year): 1 - 20 - 53

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-2-1921
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truckdriver
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Jonesboro, Mo O.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: W.F. Jenkins
13b. MOTHER'S MAIDEN NAME: Carrie Hanton
14. NAME OF HUSBAND OR WIFE: Noami Betty I Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: Yes 488-24-8446
17. INFORMANT'S SIGNATURE OR NAME: X W F Jenkins — ADDRESS:

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): Burned to Death

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Truck Wreck
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: INSTANT

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 077
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): State Hy 101 Near
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Bakersfield — Ozark-Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 20 53 1.A
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Truck overturned + Burned

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Johnnie Waskovsky 3 Coroner
23b. ADDRESS: Gainesville, Mo
23c. DATE SIGNED: 1-20-53

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 1-20-53
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cemetery
24d. LOCATION (City, town, or county) (State): Vandalia, Mo

DATE REC'D BY LOCAL REG.: 1-24-53
REGISTRAR'S SIGNATURE: Thomas Mahan 461-0
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard Funeral — ADDRESS: Gainesville

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed, Burned to death

FEB 20 1953 Just bones remained

FEB 25 1953

JAN 29 1953

FEB 5 1953

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 John R. Usrey

Licensed Embalmer No. 4885

P. O. Address Greenville, 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.