

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11729

FILED MAR 5 - 1953

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY PHELPS		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ROLLA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CUNNINGHAM 0940	
c. LENGTH OF STAY (in this place) 13 Mo.		d. STREET ADDRESS (If rural, give location) NONE	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFARLAND NURS. HOME			

3. NAME OF DECEASED (Type or Print)	a. (First) MATTHA	b. (Middle) ANN	c. (Last) JENKINS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1953
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5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 29, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 5 Days 22	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Steelville, MO.		12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Caleb White	13b. MOTHER'S MAIDEN NAME Julia Bricker	14. NAME OF HUSBAND OR WIFE FRANK JENKINS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Evellette Jenkins R #2 Farmington	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 203 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease		
	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. Sensitivity asthma		4200	

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)
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 **1-30, 1953**, to **2-21, 1953**, that I last saw the deceased alive on **2-21, 1953** and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Feink M.D. (Degree or title)	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 2-26-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Feb 25, 1953	24c. NAME OF CEMETERY OR CREMATORY WOODLAWN	24d. LOCATION (City, town, or county) (State) LEADINGTON, MO.
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DATE REC'D BY LOCAL REG. Feb. 25, 1953	REGISTRAR'S SIGNATURE Nadine L. Steele	380	25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	CARESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

812
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 3-4-53

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 R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.