.S. No. 300
EV. 10:48

FILED JUN 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21093

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3616 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (in this place): 7hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
d. STREET ADDRESS (If rural, give location): 301 Marshall

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest David
b. (Middle) ~~Jenkins~~
c. (Last) Jenkins

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 3, 1909
9. AGE (In years last birthday): 43n — If under 1 year: Months 9, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): High Point, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Orville Jenkins
13b. MOTHER'S MAIDEN NAME: Mary Elizebeth Smith
14. NAME OF HUSBAND OR WIFE: Mrs Hazel 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 2
16. SOCIAL SECURITY NO.: 495-12-1253
17. INFORMANT'S ~~SIGNATURE~~ OR NAME Mo. **ADDRESS**: Mrs Hazel Jenkins Jefferson Cit

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) Injuries, multiple extreme

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma due to auto mobile
DUE TO (c) Accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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.): near Marion Mo.
21c. (CITY, TOWN, OR TOWNSHIP) Jefferson City (COUNTY) Cole (STATE) Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-23-53 6 Pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto mobile accident

22. *I hereby certify that I attended the deceased from* 5:29 6-23-53, 19__, *to* 6-24-, 1953, *that I last saw the deceased alive on* 6-24, 1953, *and that death occurred at* 12:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm V. McKnelly M.D.
23b. ADDRESS: Jefferson City Mo
23c. DATE SIGNED: 6-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1953
24c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
24d. LOCATION (City, town, or county) (State): Marion Mo.

DATE REC'D BY LOCAL REG.: June 25-53
REGISTRAR'S SIGNATURE: R. P. Dorris MD MR
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Victor Breschy Jefferson City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 14 1958

AUG 6 1958

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 Victor Buesche

Licensed Embalmer No. 3701

P. O. Address Jefferson City M

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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Cole

State File No. 21093

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 174

On this 13th day of July, 1953, before me appears Victor Buescher, who, upon his oath, states that the original record of ~~birth~~ death for Ernest David Jenkins, ~~born~~ died June 24, 1953, in the State of Missouri, and which was filed at Jefferson City on 6-29, 1953, should be corrected as follows:

Item No. 13-a should read David Orville Jenkins

Instead of Unk.

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victor Buescher

Relationship.

Present Address.

Subscribed and sworn to before me this 13th day of July, 1953.

My Commission expires June 7, 1954 Matilda Sommer Notary Public.

Affidavits containing erasures will not be accepted

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