No. 300
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FILED JUL 30 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25503

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aurora
c. LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Aurora Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Barry
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Barry Co. 0050
d. STREET ADDRESS (If rural, give location): Rural

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

4. DATE OF DEATH (Month) (Day) (Year): July 26 1953

5. SEX: M
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov. 25, 1926
9. AGE (In years last birthday): 26 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: US.A.

13a. FATHER'S NAME: Herman Jenkins
13b. MOTHER'S MAIDEN NAME: 494-32-7601 Sadie Bowling
14. NAME OF HUSBAND OR WIFE: JWANITA ~~Ada~~ Scroggins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ~~None~~
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Sadie Jenkins — ADDRESS: Rt.1, Verona

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) Rheumatic-Heart Disease. — INTERVAL BETWEEN ONSET AND DEATH: 13 yrs.

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? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1953 *to* July 26, 1953, *that I last saw the deceased alive on* July 26, 1953 *and that death occurred at* 10:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G. P. Capetti M.D.
23b. ADDRESS: Aurora, Mo.
23c. DATE SIGNED: 7-27-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/28/53
24c. NAME OF CEMETERY OR CREMATORY: Mars Hill Cemetery
24d. LOCATION (City, town, or county) (State): Barry County Missouri

DATE REC'D BY LOCAL REG.: 7-27-53
REGISTRAR'S SIGNATURE: Ora McNatt 157 0
25. FUNERAL DIRECTOR'S SIGNATURE: WILLIAM WOOD FUNERAL HOME — ADDRESS: AURORA MO.
James D. Crafton

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 5 19

VS MAR 31 1959

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 James D. Carter

Licensed Embalmer No. 4668

P. O. Address Aurora, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.