

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

1373

242

BIRTH NO. FILED FEB 4 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	c. LENGTH OF STAY (In this place) <p align="center">2 MONTHS</p>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">2905 Cherry Street</p>		d. STREET ADDRESS (If rural, give location) <p align="center">2905 Cherry Street</p>	

3. NAME OF DECEASED (Type or Print) a. (First) <p align="center">Theodore</p> b. (Middle) <p align="center">HOMER</p> c. (Last) <p align="center">Jenkins</p>		4. DATE OF DEATH (Month) (Day) (Year) <p align="center">Jan 16 1954</p>	
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5. SEX <p align="center">Male</p>	6. COLOR OR RACE <p align="center">White</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">DIVORCED 3</p>	8. DATE OF BIRTH <p align="center">FEB. 2 - 1871</p>	9. AGE (In years last birthday) Months Days <p align="center">82</p>	10. IF UNDER 1 YEAR Hours Mins.	11. IF UNDER 15 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">FARMER</p>	10b. KIND OF BUSINESS OR INDUSTRY <p align="center">CROSS TIMBERS MO.</p>	11. BIRTHPLACE (City and State or Foreign Country) <p align="center">CROSS TIMBERS MISSOURI</p>	12. CITIZEN OF WHAT COUNTRY? <p align="center">U. S. A.</p>
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13a. FATHER'S NAME <p align="center">JENKINS</p>	13b. MOTHER'S MAIDEN NAME <p align="center">---</p>	14. NAME OF HUSBAND OR WIFE <p align="center">MRS. ZADA JENKINS</p>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>	16. SOCIAL SECURITY NO. <p align="center">NONE</p>	17. INFORMANT'S SIGNATURE OR NAME <p align="center">MR. HOMER JENKINS</p>	ADDRESS <p align="center">2905 CHERRY ST. KANSAS CITY MO.</p>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <p align="center">Atherosclerotic Heart Disease</p>		INTERVAL BETWEEN ONSET AND DEATH <p align="center">4 1/2</p>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF (b)		
DUPLICATE OF (c)		DUPLICATE OF (d)		
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <p align="center">Natural</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <p align="center">Plymouth MO. MISSOURI MISSOURI</p>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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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 2:06 Am., from the causes and on the date stated above.

23a. SIGNATURE <p align="center">Hugh H. Owens</p>	(Degree or title) <p align="center">3</p>	23b. ADDRESS <p align="center">1034 PLYMOUTH BLDG</p>	23c. DATE SIGNED <p align="center">1-16-54</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">BURIAL</p>	24b. DATE <p align="center">JAN. 16 - 1954</p>	24c. NAME OF CEMETERY OR CREMATORY <p align="center">CROSS TIMBERS CEMETERY</p>	24d. LOCATION (City, town, or county) (State) <p align="center">CROSS TIMBERS MISSOURI</p>
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DATE REC'D BY LOCAL REG. <p align="center">1-16-54</p>	REGISTRAR'S SIGNATURE <p align="center">Geraldine Smith</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p align="center">D. W. Newsome</p>	ADDRESS <p align="center">1331. BUSH CREEK CITY MO.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

1171.00

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 *Robert M. Joyce*

Licensed Embalmer No. *4892*

P. O. Address *K.C. 10, 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.