

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2080

State File No. ....

7

BIRTH NO. .... REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 432 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mercer</b>	
c. LENGTH OF STAY (in this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>Own Home</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Own Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stella</b> b. (Middle) <b>Leona</b> c. (Last) <b>Jenkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 13, 1875</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		11. BIRTHPLACE (State or foreign country) <b>Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>James H. McCloud</b>	13b. MOTHER'S MAIDEN NAME <b>Charlotte Millikin</b>	14. NAME OF HUSBAND OR WIFE <b>James Jenkins</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lara Bane Plano, Iowa</b>	ADDRESS <b>Iowa</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Evidence points to coronary occlusion. Found dead in bed - after not being seen for 20 hours. Known to have had left chest</b>		
	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. <b>20 hours. Known to have had left chest</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>PAIN'S FOR 3-4 HRS 4201</b>	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)
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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 **JAN 2, 1954** to **JAN 2, 1954** that I last saw the deceased alive on **DECEMBER 31, 1953**, and that death occurred at **JAN** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>	23b. ADDRESS <b>[Address]</b>	23c. DATE SIGNED <b>Jan 5 1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 5, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Early Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Mercer Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-13-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Lineville Iowa.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

EXAM 25 1955

**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 L. Greenlee*

Licensed Embalmer No. \_\_\_\_\_

*3967*

P. O. Address \_\_\_\_\_

*Lincolnton, N.C.*

**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.