

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 22713

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2002 Registrar's No. 691

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. CITY OR TOWN <b>Springfield</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 days</b>		e. STREET ADDRESS (If rural, give location) <b>2835 West Lincoln Street</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark Osteopathic Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>	b. (Middle) <b>SMITH</b>	c. (Last) <b>JENKINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 17, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 7, 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Trade, Tennessee</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Jesse E. Jenkins</b>	13b. MOTHER'S MAIDEN NAME <b>Morelda Stout</b>	14. NAME OF HUSBAND OR WIFE <b>Maggie Jenkins</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Scrivener,</b>	ADDRESS <b>Springfield, Mo.,</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, asthma, 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>Medullary Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Thrombosis</b> DUE TO (c) <b>Advanced Cerebral Arteriosclerosis</b>		
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 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) (Min.)	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 **May 7, 1948**, to **July 17, 1954**, that I last saw the deceased alive on **July 17, 1954**, and that death occurred at **10:05 pm.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. J. Soull, D.O.</b>	23b. ADDRESS <b>Springfield, Missouri</b>	23c. DATE SIGNED <b>7/19/1954</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/20/1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Robberson Prairie Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Greene County, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-22-54</b>	REGISTRAR'S SIGNATURE <b>Earth Williamson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry C. [Signature]</b>	ADDRESS <b>Springfield, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

623 West Walnut  
SPRINGFIELD, MISSOURI  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

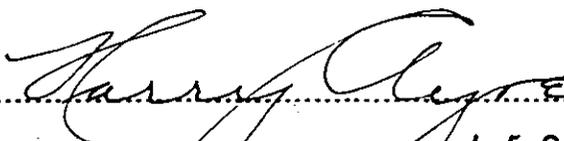
**STATEMENT BY LICENSED EMBALMER**

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.....  
Signature of Student Embalmer

Signed.....  
  
Licensed Embalmer No. 459.

P. O. Address Springfield,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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