

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 8 - 1954

No. 300

10. 48

0260  
1

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

BIRTH NO. _____		REG. DIST. NO. <u>76</u>	PRIMARY REG. DIST. NO. <u>5302</u>	Registrar's No. <u>11</u>
1. PLACE OF DEATH a. COUNTY <u>Cole.</u>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hendley Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hendley Mo</u>		
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>0260</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		e. STREET ADDRESS _____		
3. NAME OF DECEASED (Type or Print) a. (First) <u>DOSHIE</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>JENKINS.</u>
4. DATE OF DEATH <u>Nov. 2-54</u>		5. SEX <u>Female</u>		
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>JULY 12-1874</u>
9. AGE (In years last birthday) <u>80</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) <u>Marion, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Clown W. Fowley</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth West</u>		14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Blair Wynick Tuscumbe Mo</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Several yrs</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>2 Wks</u>
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? <u>4200</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>July 1953</u> to <u>Nov 2, 1954</u> , that I last saw the deceased alive on <u>11-1-</u> , 19 <u>54</u> , and that death occurred at <u>8 A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>M. E. Humphrey D.O.</u>		23b. ADDRESS <u>Tuscumbe, Mo.</u>		23c. DATE SIGNED <u>11-4-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-4-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>JENNIN CEM.</u>
24d. LOCATION (City, town, or county) <u>Marion, Mo.</u>		24e. LOCATION (City, town, or county) (State) <u>Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Nov 6-54</u>		REGISTRAR'S SIGNATURE <u>Mr. P. L. Glover</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Stephens</u>
				ADDRESS <u>Russellville Mo.</u>

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 *G. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address Russellville 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.