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0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1955

State File No. **14609**

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5103** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE Missouri b. COUNTY Wray	
b. CITY OR TOWN Warsaw	c. LENGTH OF STAY (in this place) Lindsey 1 day	c. CITY OR TOWN Versailles	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway 65		No. STREET ADDRESS (If rural, give location) N. Monroe St. 0710 1	

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Harvey	c. (Last) Jenkins	4. DATE OF DEATH (Month) (Day) (Year) May 12, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 1, 1880	9. AGE (In years last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) California, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Ben F. Jenkins	13b. MOTHER'S MAIDEN NAME Mary F. Griller	14. NAME OF HUSBAND OR WIFE Mary Adda Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mary A. Jenkins ADDRESS Versailles, Mo.

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		INTERVAL BETWEEN ONSET AND DEATH 30 min. 3 years 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Advanced generalized arteriosclerosis		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 April 10, 1955 , to May 12, 1955 , that I last saw the deceased alive on May 10, 1955 , and that death occurred at 11:29 a.m. , from the causes and on the date stated above.		

23a. SIGNATURE Jack Shinn MD (Degree or title)	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 5-12-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 15 May 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
		24d. LOCATION (City, town, or county) (State) Warsaw Co., Mo.

DATE REC'D BY LOCAL REG. May-14-1955	REGISTRAR'S SIGNATURE Jas. A. Logan	25. EMERALD DIRECTOR'S SIGNATURE St. F. Thummel ADDRESS Versailles, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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. 40

P. O. Address Wassa

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.