

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25608**
3586

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CLAY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY CLAY		
b. CITY OR TOWN KANSAS CITY, Mo.		c. LENGTH OF STAY (in this place) 20 YRS	c. CITY OR TOWN K.C. North		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 4724 Kelsey Rd.			STREET ADDRESS (If rural, give location) 4724 Kelsey Rd 5068		
3. NAME OF DECEASED (Type or Print) CHARLES F. JENKINS			4. DATE OF DEATH (Month) (Day) (Year) AUG 12-1955		
5. SEX M	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 20-1887		9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done in the most of working life, even if retired) Retired Dealer/MAKER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) FRONTENAC, KAN		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Charles H. Jenkins		13b. MOTHER'S MAIDEN NAME VERGINIA TIPTON		14. NAME OF HUSBAND OR WIFE Dorothy Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes, OUBAN		16. SOCIAL SECURITY NO. 4861030959	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dorothy Jenkins ADDRESS 4724 Kelsey Rd. N. North		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic Adeno Carcinoma Liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last Adeno carcinoma Stomach 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. Interval between onset and death 6 months 7 Feb 1954 151K		
19a. DATE OF OPERATION Feb 22 1954		19b. MAJOR FINDINGS OF OPERATION* Adeno carcinoma Stomach		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? Agg.		
I hereby certify that I attended the deceased from Feb 8 , 1954, to Sept 12 , 1955, that I last saw the deceased dying on Sept 12 , 1955, and that death occurred at 10:30 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE James E. Mc Cormick, M.D. (Degree or title)			23b. ADDRESS North KC Mo.		23c. DATE SIGNED 8/13/55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-15-55	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) KANSAS CITY, Mo.	
DATE REC'D BY LOCAL REG. 8-15-55		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's, No. K.C. Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
James E. Mc Cormick

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..... *Glen H. Hill*.....

Licensed Embalmer No..... 45.....

P. O. Address..... K.C. 16.....

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.