

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28874**

BIRTH NO. _____		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>3002</b>		Registrar's No. <b>182</b>			
1. PLACE OF DEATH a. COUNTY <b>Andrain</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b>				b. COUNTY <b>Andrain</b>	
b. CITY OR TOWN <b>Mexico, Mo.</b>		c. LENGTH OF STAY (in this place) <b>3 Hrs.</b>		c. CITY OR TOWN <b>Ladonia, Mo.</b>		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 <b>Andrain Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>NONE</b>				<b>0071</b>	
3. NAME OF DECEASED. (Type or Print) a. (First) <b>Georgia</b>			b. (Middle) <b>May</b>		c. (Last) <b>Jenkins.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>June 14, 1942</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>13 2 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Ladonia, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Harold Jenkins</b>			13b. MOTHER'S MAIDEN NAME <b>Stella Rebe Grainger</b>			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 <b>Harold Jenkins</b> ADDRESS <b>Ladonia, Mo.</b>				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chest Infection</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Multiple Fractures &amp; Contusions of Body</b> DUE TO (c) <b>Automobile Accident</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 hrs.</b>  <b>1 1/2 hrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE, (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>LADONIA MO</b>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Sept 24 1955 11 PM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>					
22. I hereby certify that I attended the deceased from <b>Sept 24, 1955</b> , to <b>Sept 24, 1955</b> , that I last saw the deceased alive on <b>Sept 24, 1955</b> , and that death occurred at <b>1:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <b>Benjamin G. Jolly MD</b>				23b. ADDRESS <b>112 N. Clark Street</b>		23c. DATE SIGNED <b>Sept 26, 1955</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept. 26, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ladonia Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ladonia Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Sept 26-1955</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilbur Piehoff</b> ADDRESS <b>Ladonia, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Clyde Wick* .....  
Licensed Embalmer No. *38* .....

P. O. Address *Perry* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.