

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29031**
Registrar's No. **1073**

FILED OCT 8 - 1955

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1073		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 2 weeks		c. CITY OR TOWN St. Joseph		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 St. Joseph Hospital				e. STREET ADDRESS (If rural, give location) 2710 Sacramento Street				
3. NAME OF DECEASED (Type or Print) a. (First) Fyrn			b. (Middle) S.		c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) September 27, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH September 20, 1895		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Insurance office		11. BIRTHPLACE (City and State or Foreign Country) Warsaw, Missouri.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME George Smith		13b. MOTHER'S MAIDEN NAME Ann Vance		14. NAME OF HUSBAND OR WIFE Arvil Jenkins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary Ann Coffman St. Joseph, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cordis Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH. 1.5 hrs		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) C.A. Primary Liver Metastasis					?		
	DUE TO (c) _____							
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 175X							
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)		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 Sept 18, 1955 , to Sept 27, 1955 , that I last saw the deceased alive on Sept 27, 1955 , and that death occurred at 11:02 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) M. Allison M.D.				23b. ADDRESS Pa. St. Bldg. St. Joseph, Mo.		23c. DATE SIGNED 10/3/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 27, 1955	24c. NAME OF CEMETERY OR CREMATORY Removal to D. W. Newcomers Sons		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri.			
DATE REC'D BY LOCAL REG. Oct 7, 1955		REGISTRAR'S SIGNATURE Kathleen M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE 485 Muehrhoffer - Feltsman		ADDRESS St. Joseph, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 11 1958

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... *Albert E. Fanning*

Licensed Embalmer No... 3258

P. O. Address.. St.. Joseph, ..M

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.