

FILED SEP 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30017

State File No.

 BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3037 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Johnson			2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 9 Days	c. CITY OR TOWN Higginsville		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 Warrensburg Medical Center			e. STREET ADDRESS (If rural, give location) 0541		
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) E. c. (Last) Jenkins			4. DATE OF DEATH (Month) (Day) (Year) Sept. 5, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 18, 1880		9. AGE (In years last birthday) 75 if UNDER 1 YEAR Months Days if UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Engineer		10b. KIND OF BUSINESS OR INDUSTRY Steam Engine	11. BIRTHPLACE (City and State or Foreign Country) Sweet Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert Jenkins		13b. MOTHER'S MAIDEN NAME Rebecca Ellen Hunt		14. NAME OF HUSBAND OR WIFE Mary Friedly Jenkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-14-3250	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. E. Jenkins, Higginsville, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 9 Days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.			

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) 4201		
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?		

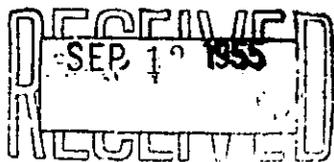
22. I hereby certify that I attended the deceased from 5 Sept, 1955, to 5 Sept, 1955, that I last saw the deceased alive on 5 Sept, 1955, and that death occurred at 3:05 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) T Reed Maxson M.D.		23b. ADDRESS Warrensburg, Missouri		23c. DATE SIGNED 5 Sept 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 7, 1955	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Higginsville, Missouri		
DATE REC'D BY LOCAL REG. Sept. 9, 1955		REGISTRAR'S SIGNATURE Savannah Critchfield	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoefler Funeral Home, Higginsville, Mo.		

(Licensed Emballer's Statement on Reverse Side)

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

No. 300
10-48



JOHNSON COUNTY HEALTH DEPT.

SEP 29 1955

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 John P. Rodgers

Licensed Embalmer No. 496

P. O. Address WARREN

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.