

FILED MAR 1-2-1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

55339

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4282 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONTICELLO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MONTICELLO</u>	
c. LENGTH OF STAY (in this place) <u>XXXXX</u>		d. STREET ADDRESS (If rural, give location) <u>XXXXXXXXXXXXXXXXXXXX</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXX</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>EDGAR</u>	c. (Last) <u>JENKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 2, 1956</u>
-------------------------------------	---------------------------	-----------------------------	-----------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>3/7/1885</u>	9. AGE (In years last birthday) <u>70</u> <input type="checkbox"/> UNDER 1 YEAR Months <u>11</u> Days <u>25</u> <input type="checkbox"/> UNDER 24 HRS. Hours <u></u> Min. <u></u>
-----------------------	----------------------------------	--	-------------------------------------	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>LEWIS COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	--	--

13a. FATHER'S NAME <u>JOHN JENKINS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY PEARL</u>	14. NAME OF HUSBAND OR WIFE <u>XXXXXXXXXXXXXXXXXXXX</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>XXXXXXX</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MANN JENKINS</u>	ADDRESS <u>MONTICELLO, MO.</u>
---	---	--	-----------------------------------

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 <u>1 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		
	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 <u>Natural Cause</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Monticello Lewis Mo.</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) m. _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE <u>Carl H. Buckley</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Center, Mo.</u>	23c. DATE SIGNED <u>3/6/56</u>
--	----------------------------------	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MONTICELLO</u>	24d. LOCATION (City, town, or county) (State) <u>MONTICELLO, MISSOURI</u>
--	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-6-'56</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Conroy</u>	ADDRESS <u>Lewistown, Mo.</u>
--	--	--	----------------------------------

(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
Student Embalmer

Signed _____

Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.