

FILED APR 9 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9982**BIRTH NO. _____ REG. DIST. NO. **254** PRIMARY REG. DIST. NO. **5867** Registrar's No. **16**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Poinsett	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Thayer		c. LENGTH OF STAY (in this place) enroute	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trumann	
		d. STREET ADDRESS (If rural, give location) Route 3	

3. NAME OF DECEASED (Type or Print)		a. (First) Linda	b. (Middle) Diane	c. (Last) Jenkins	4. DATE OF DEATH (Month) (Day) (Year) February 5, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 12-1-1955	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 2 Days 4	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Lubbock, Texas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Albert Eugene Jenkins		13b. MOTHER'S MAIDEN NAME Bulah Craig		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Albert Jenkins - Trumann, Arkansas	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head and Chest injuries		DUE TO (b) Car overturned on Hiway 63 three miles north of Thayer, Missouri.				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Trumann, Arkansas		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-5-1956 8:30pm		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **8:30pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. D. C. Martin, Carmel		23b. ADDRESS Thayer, Missouri		23c. DATE SIGNED 4-3-1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-7-1956		24c. NAME OF CEMETERY OR CREMATORY West Lawn Cemetery	
DATE REC'D BY LOCAL REG. 4-4-56		REGISTRAR'S SIGNATURE Arthur Wolff		25. FUNERAL DIRECTOR'S SIGNATURE Jane Thompson ADDRESS Trumann, Ark.	

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  _____

Licensed Embalmer No. 525

P. O. Address Trumann, Arkansas

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

**THOMPSON FUNERAL HOME
TRUMANN, ARKANSAS**