

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26144

FILED SEP 17 1956

42

5132

STATE FILE NUMBER

988

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wayne Township		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR U.S. Highway No. 59 INSTITUTION Near Kenmoor, Mo.		d. STREET ADDRESS 823 No. 9th St.	
Length of stay in 1b 3 weeks		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First MIDDLE Last ROBERT LEAMON JENKINS			4. DATE OF DEATH Month Day Year Sept. 8 1956			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25, 1918		9. AGE (In years last birthday) 38	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dozer Operator		10b. KIND OF BUSINESS OR INDUSTRY Russell Const.		11. BIRTHPLACE (City and state or country) Carter Oklahoma		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME John A. Jenkins			14. MOTHER'S MAIDEN NAME Catherine Palmer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W.W.#2 444-05-2060		17. INFORMANT Address Mrs. Violet Mae Jenkins St. Joseph, Mo.		

18. CAUSE OF DEATH [Enter only one cause per title for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Third, Fourth and Fifth Degree Burns</i> DUE TO (b) <i>Entire Body</i> DUE TO (c) <i>Automobile Wreck and Fire</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (4)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Burned in an Automobile Wreck and Fire</i>	
20c. TIME OF INJURY a. m. p. m. <i>2:00 a. m. Sept 8 1956</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <i>U.S. Highway #59 Rural St Joseph Buchanan Mo</i>	
21. I am the deceased <input type="checkbox"/> I am not the deceased <input checked="" type="checkbox"/> Death occurred at <i>2:00 A m on the date stated above; and to the best of my knowledge, from the causes stated.</i>		20f. CITY, TOWN, OR LOCATION AND COUNTY AND STATE <i>St Joseph Buchanan Mo</i>	
22a. SIGNATURE (Degree or title) <i>H F Mundy (Coroner) MD</i>		22b. ADDRESS <i>St Joseph, MO</i>	
22c. DATE SIGNED <i>9/8/56</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>9-10-56</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Auburn Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Joseph Missouri</i>	
24. FUNERAL DIRECTOR <i>Stanley Funeral Home</i>		25. DATE RECD. BY LOCAL REG. <i>Sept 13, 1956</i>	
ADDRESS <i>St. Joseph, Mo.</i>		26. REGISTRAR'S SIGNATURE <i>Carroll M. Allison</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 emb  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *1167*

P. O. Address *St. Joseph*

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.