

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27786

State File No. ....

Dr. Cook  
FILED SEP 6 1956

BIRTH NO. _____		REG. DIST. NO. <u>270</u>		PRIMARY REG. DIST. NO. <u>5910</u>		Registrar's No. <u>57</u>	
I. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Remick</u>		b. CITY OR TOWN <u>Steele</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Remick</u>	
b. CITY OR TOWN <u>Steele</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Steele</u>		d. Is Residence within limits of a city of incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>Ranta 3 0780</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX <u>F</u>	
a. (First) <u>Nellie</u>		b. (Middle) <u>Jenkinson</u>		c. (Last) <u>Jenkinson</u>		6. DATE OF BIRTH <u>abt 60</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
<u>Widowed</u>		<u>unknown</u>		<u>abt 60</u>		<u>Home work</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Home work</u>		<u>Home</u>		<u>Okla</u>		<u>USA</u>	
13a. FATHER'S NAME <u>Jenkinson</u>		13b. MOTHER'S MAIDEN NAME <u>Jenkinson</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mattie Mae Berry</u> ADDRESS <u>Steele Rt 3</u>			
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) <u>Metastatic Carcinoma of stomach</u>		II. OTHER SIGNIFICANT CONDITIONS <u>g. stomach</u>				<u>undeter</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				DUE TO (b) _____	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>151X</u>	
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) 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 <u>2 Jan 1956</u> , to <u>16 Aug 1956</u> that I last saw the deceased alive on <u>16 Aug 1956</u> and that death occurred at <u>10:20 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. W. Locke MD</u> (Degree or title)				23b. ADDRESS <u>Caruthersville Mo Spgs</u>		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>8-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27, 1956</u>		REGISTRAR'S SIGNATURE <u>Jessie B. Wick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simon and Co. Steele Mo</u> ADDRESS			

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

247

9-222-56

SEP 4 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 H. German*

Licensed Embalmer No. *4250*

P. O. Address *St. Louis, Mo.*

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.