

FILED OCT 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29789

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give town) Butler		c. CITY (If outside corporate limits, write RURAL and give township) Butler Mo.	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 518 N Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 518 N Main			

3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) S		c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) Sept 27/1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 4-13-1871	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY painting	
11. BIRTHPLACE (State or foreign country) Bates Co Missouri		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Stanley Jenkins		13b. MOTHER'S MAIDEN NAME Rosa	
14. NAME OF HUSBAND OR WIFE Mamie R Jenkins		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Weltmer Jenkins ADDRESS Butler, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 30 min	
ANTECEDENT CAUSES		DUE TO (b) Left side heart failure		2 years	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) hypertension		6 years	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis		10 years	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Feb. 1945 to Sept 27, 1956, that I last saw the deceased alive on Sept 27, 1956, and that death occurred at 9:30 AM on Sept 27, 1956, from the causes and on the date stated above.

23a. SIGNATURE L. S. Latture, M.D.		23b. ADDRESS Butler Missouri		23c. DATE SIGNED 9-27-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/30/56		24c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	
24d. LOCATION (City, town, or county) (State) Butler Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood		ADDRESS Butler Mo.	

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

1000
1000

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 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 this body is not embalmed, fact should be so stated above.