Health, Welfare Public Service

300
1-56

FILED OCT 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30529
STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 17 0450

1. PLACE OF DEATH
a. COUNTY Howard 0450
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glasgow — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Glasgow — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SALLY Middle Last JENKINS
4. DATE OF DEATH Month Sept Day 29 Year 56
5. SEX Female 2
6. COLOR OR RACE Negro
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH July 30 ?? 1872
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months 1 Days 29 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Forrest Green, Mo
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Not Known
14. MOTHER'S MAIDEN NAME Frances Green
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Everett Long Address 803 Lamson Dr Winnetka Ill

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Did Not, to Attend Her and last saw her/him alive on ____
Death occurred at 10:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE J E Houston (Degree or title) no. 2
22b. ADDRESS Glasgow Mo
22c. DATE SIGNED 10-2-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Oct. 1, 1956
23c. NAME OF CEMETERY OR CREMATORY Lincoln
23d. LOCATION (City, town, or county) Glasgow (State) Mo
24. FUNERAL DIRECTOR Audsley-Friemonth ADDRESS Glasgow Mo
25. DATE RECD. BY LOCAL REG. Oct. 2, 1956
26. REGISTRAR'S SIGNATURE Walker Audsley

(Licensed Embalmer's Statement on Reverse Side)

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by Charles T. Lanham, Student Embalmer No. 53

working under my personal supervision.

Student Charles T. Lanham
Signature of Student Embalmer

Signed E. L. Freemouth

Licensed Embalmer No. 39

P. O. Address Glasgow

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.