

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44425

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 209	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Saline		Marshall		Sweet Springs		0 9 1 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION				STREET ADDRESS (If rural, give location)			
Fitzgibbons Hospital				101 North Locust			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		5. SEX		
Luther Oscar Jenkins			Dec 29 1956		Male		
6. COLOR OR RACE			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH		
White			MARRIED		Nov 3, 1878		
9. AGE (In years last birthday)			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country)		
79			Farmer		Saline County		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME		
None			U.S.A.		Albert Jenkins		
13b. MOTHER'S MAIDEN NAME			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)		
Rebecca Hunt			Rosa Ellen Jenkins		No		
16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME		18. CAUSE OF DEATH		
None			Robert Jenkins, Sweet Springs, Mo		18. CAUSE OF 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)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
					Sweet Springs Missouri		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
					0 9 1		
22. I hereby certify that I attended the deceased from Dec 9, 1956, to Dec 21, 1956, that I last saw the deceased alive on Dec 21, 1956, and that death occurred at 2:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
D. H. Moseley, M.D.				Sweet Springs		12/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
Burial		Dec 30, 1956		Fairview Cemetery		Sweet Springs Missouri	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
12-30-56		Carl H. Reed		Edgar L. Moseley, Sweet Springs Mo			

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

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 *Edgar L Moseley*.....

Licensed Embalmer No. *471*

P. O. Address *Sweet Spring*

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.