THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3771
STATE FILE NUMBER

FILED MAR 11 1957

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 230

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital 2 — Length of stay in Ib 21 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St Joseph Mo — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS 572 North 3rd St (If outside, give location) — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First ADDIE Middle Last JENKS
Addie Jenks

4. DATE OF DEATH Month Feb Day 28 Year 1957

5. SEX Female
6. COLOR OR RACE white
7. MARRIED ✓ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH unknown
9. AGE (In years last birthday) abt. 81
IF UNDER 1 YEAR: Months Days — 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
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Sam Kelley
14. MOTHER'S MAIDEN NAME Sarah E. Brown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Records State Hospital 2 St Joseph

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: 2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — 10 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Mental deficient with Psychosis 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 Feb 8 - 1957, to Feb. 28 1957 and last saw her/him alive on Feb. 27 1957
Death occurred at 7.45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Mohammad Gahr M.D.
22b. ADDRESS 1415 N. 24th St; City
22c. DATE SIGNED 2-28-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE March 7,57
23c. NAME OF CEMETERY OR CREMATORY Osteopathic School Kirksville College
23d. LOCATION (City, town, or county) (State) Kirksville, Mo.

24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG. Mar. 8, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 Paul Clark, Student Embalmer No. 53

working under my personal supervision.

Student Paul F. Clark
Signature of Student Embalmer

Signed Earl A. Clark

Licensed Embalmer No. 42

P. O. Address S. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.