

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57 0 274 16  
STATE FILE NUMBER

FILED AUG 28 1957

Registration District No. 12 Primary Registration District No. 3003 Registrar's No. 115

S. 300  
1-57 X

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Underhill Rest Home</b>		Length of stay in 1b <b>65 Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>3 Miles N.E. Monett</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>William</b> Middle <b>Miles</b> Last <b>Jenkins</b>			4. DATE OF DEATH Month <b>Aug.</b> Day <b>16,</b> Year <b>1957</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan 31, 1865</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>92</b> IF FUNDER 1 YEAR: Months <b>6</b> Days <b>15</b> IF UNDER 24 HRS.: Hours <b></b> Min. <b></b>
11a. BIRTHPLACE (City and state or country) <b>Union City, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas Jenkins</b>		13b. MOTHER'S MAIDEN NAME <b>Amanda McClellhan</b>	14. NAME OF HUSBAND OR WIFE <b>Caroline Jenkins</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. W. M. Jenkins Monett, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>Cholesterol Quantis cardio Vasculer insaldis ease</b> 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) <b>Benign Benign Hypertrophy 442x</b>			INTERVAL BETWEEN ONSET AND DEATH <b>not known</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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 <b>6-23-53</b> to <b>8-16-57</b> and last saw her alive on <b>8-15-57</b> Death occurred at <b>8 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Robert P. Doolley MD</b> (Degree or title)		22b. ADDRESS <b>Monett, Mo</b>	22c. DATE SIGNED <b>Aug 17, '57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8/18/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Liberty Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Lawrence County, Mo.</b>
24. FUNERAL DIRECTOR <b>J. D. Buchanan</b> Address <b>Monett, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>8-18-57</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. V. N. Cook</b>

(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 causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

130

01:17  
BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 857-151

DATE REC. 8-26-57

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 *J. A. Buchanan*

Licensed Embalmer No. 3179

P. O. Address Monett, 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.