

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28810

BIRTH NO. _____ REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 38-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, write RURAL and give town) Tuscumbia		c. LENGTH OF STAY (in this place) 3 weeks	c. CITY OR TOWN Eugene
d. FULL NAME OF HOSPITAL OR INSTITUTION Humphreys-Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CORA- b. (Middle) Alice c. (Last) Jenkins		4. DATE OF DEATH (Month) (Day) (Year) Aug 17 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 28 April 1883
9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and State or Foreign Country) Miller-Co-Mo
13a. FATHER'S NAME Newton-Bond		13b. MOTHER'S MAIDEN NAME Lucy-Loveall	14. NAME OF HUSBAND OR WIFE Isaac-Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Isaac-Jenkins ADDRESS Eugene-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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Broncho pneumonia ANTECEDENT CAUSES Diabetic Acidosis & Coma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Diabetes Mellitus DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR None	
22. I hereby certify that I attended the deceased from July , 19 57 , to Aug 17 , 19 57 , that I last saw the deceased alive on 17 Aug , 19 57 , and that death occurred at 7:25 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. E. Humphreys D O 2		23b. ADDRESS Tuscumbia-Mo	
23c. DATE SIGNED 19 Aug 57			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 20 Aug 57	
24c. NAME OF CEMETERY OR CREMATORY Spring-Garden		24d. LOCATION (City, town, or county) (State) Miller-Co-Mo	
DATE REC'D BY LOCAL REG. Aug. 19, 1957		REGISTRAR'S SIGNATURE Mrs. D. E. Kallenbach	
25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Fagg		ADDRESS ELDON, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

AUG 28 '57

Miller County
Health Department

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

Keith M. Kays

Licensed Embalmer No. 399

P. O. Address Eldon

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.