

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30792

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 5102 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fristoe Rural Fristoe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Fristoe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Length of stay in lb <u>years</u>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Washington</u> Last <u>Jenkins</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>8</u> Year <u>1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 22, 1878</u>
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Month <u>3</u> Day <u>16</u> Hours _____ Min. _____	IF UNDER 24 HRS. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm owner</u>	11. BIRTHPLACE (City and state or country) <u>Hickory Co, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>William W. Jenkins</u>	
14. MOTHER'S MAIDEN NAME <u>Maggie B. Jenkins</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>FRISTOE</u> <u>Mrs EVERETT ATWILLER MO</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u> DUE TO (b) <u>Thrombotic Encephalomyelitis with cerebral Hemorrhage</u> DUE TO (c) <u>arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senility</u>			INTERVAL BETWEEN ONSET AND DEATH <u>48 days</u> <u>1 yr</u> <u>5 yrs</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ Month _____ Day _____ a. m. _____ p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____		20f. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I attended the deceased from <u>Nov 10, 1956</u> to <u>Oct 8, 57</u> and last saw him alive on <u>Oct 7, 57</u> Death occurred at <u>5:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree of title) <u>Successor DO</u>		22b. ADDRESS <u>Warsaw Mo</u>	
22c. DATE SIGNED <u>10/9/57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Oct 10, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>	
23d. LOCATION (City, town, or county) <u>FRISTOE</u>		23e. (State) <u>MISSOURI</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Reser Funeral Home Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 10-1957</u>	
26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DISEASES IN PART I THAT MUST BE CASUALLY RELATED. CORONER cannot certify to a death due to natural causes. ALL SYMPTOMS WILL BE LISTED. ALL

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(Licensed Embalmer's Statement on Reverse Side)

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 *Jack B. Reese*

Licensed Embalmer No. *46*

P. O. Address *Worcester, Mass.*

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.