

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31123

STATE FILE NUMBER

FILED SEP 18 1957

Registration District No. 59 Primary Registration District No. 5231 Registrar's No. 129

1. PLACE OF DEATH a. COUNTY <u>Cass</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherman Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at the home 7 mile-Creighton</u> Length of stay in 1b <u>23 years</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> <u>10190</u> c. CITY OR TOWN <u>Creighton</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>7 miles N.E.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Harold</u> Middle <u>William</u> Last <u>Jenkins</u>			4. DATE OF DEATH Month <u>9</u> Day <u>4</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>Nov. 29, 1903</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Blainstown Missouri</u>			
13. FATHER'S NAME <u>William Jenkins</u>			14. MOTHER'S MAIDEN NAME <u>Carrie Giltner</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>195-112-6511</u>		17. INFORMANT <u>Mrs. Harriett Jenkins</u> Address <u>Creighton, 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>Uremia</u> DUE TO (b) <u>Sclerotic kidneys</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Malignant Hypertension 446x</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mon</u> <u>2</u> <u>?</u>		
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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>24 July 1956</u> to <u>4 Sept 1957</u> and last saw <u>him</u> alive on <u>4 Sept. 1957</u> Death occurred at <u>5 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Leoburn Ellis M.D.</u> (Degree or title)			22b. ADDRESS <u>Garden City, Mo</u>		22c. DATE SIGNED <u>9/5/57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-7-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>			
23d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>							
24. FUNERAL DIRECTOR <u>Miner & Co. - Garden City, Mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>Sept 7, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		

APR 7 1958

RECEIVED
SEP 16 1957
CAS. 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 em-
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Billy J. Lilly*.....

Licensed Embalmer No. *46*.....

P. O. Address *Harden*.....

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.