

FILED DEC 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40942
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 197

V. S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital		Length of stay in lb 3 days	d. STREET ADDRESS Eldridge		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EDGAR A JENKINS			4. DATE OF DEATH Month Day Year NOV. 26, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1885	9. AGE (In years, last birthday) 72	10. F UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY accounting	11. BIRTHPLACE (City and state or country) Girard, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME James Jenkins		13b. MOTHER'S MAIDEN NAME Mary A. Stamper		14. NAME OF HUSBAND OR WIFE Pearl Jenkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 351-18-8684	17. INFORMANT Address Mrs. E. A. Jenkins, Eldridge, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY IMMEDIATE CAUSE (a) Gastro-Intestinal Hemorrhage Cause unknown					INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____					578X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus.					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"/> None		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, Year 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 11/23/57 to 11/26/57 and last saw her/him alive on 11/26/57 Death occurred at 7:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Ernest Z. Fisher M.D. (Degree or title)			22b. ADDRESS Lebanon, Mo		22c. DATE SIGNED 11/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-29-57	23c. NAME OF CEMETERY OR CREMATORY Hufft Cemetery		23d. LOCATION (City, town, or county) (State) Eldredge, Mo.
24. FUNERAL DIRECTOR Palmer Lebanon Mo ADDRESS		25. DATE RECD. BY LOCAL REG. 11-30-1957		26. REGISTRAR'S SIGNATURE Hella L. Gray	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Securing the medical certificate in this specific manner required by P.S. 400.040 R.S. 1942.
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.

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Received 12-9-57
Laclede County Health Unit
File No. 197
Date Filed 12-9-57

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 S. P. Palms

Licensed Embalmer No. 220A
P. O. Address Lebanon, Va

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.