

Specimens required by 193-140 MoRS 1949.

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43731
STATE FILE NUMBER

FILED JAN 6 1958

53

4074

102

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Oak Ridge			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Oak Ridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oak Ridge Home				Length of stay in lb 40 Yrs.		d. STREET ADDRESS (If outside, give location) Oak Ridge		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First Jennie Middle McLane Last Jenkins						4. DATE OF DEATH Month Dec. Day 26 Year 1957							
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 1, 1869		9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping				10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Oak Ridge Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME Joseph M. MC Lane						14. MOTHER'S MAIDEN NAME Emeline E. Hinkle							
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.		17. INFORMANT Paul Jenkins Cape Gir. Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio. Renal Vascular Disease.										INTERVAL BETWEEN ONSET AND DEATH 6 months			
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 (n)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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.) 442X										
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____													
20d. INJURY OCCURRED WHILE AT WORK <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 July 1 - 1957 to Dec. 26 - 1957 and last saw her alive on Dec. 1 - 1957 Death occurred at 6:42 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) K. Washley M.D.						22b. ADDRESS CAPE GIRARDEAU MO			22c. DATE SIGNED 12-27-57				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE Dec. 28, 1957		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge			23d. LOCATION (City, town, or county) (State) Oak Ridge Mo.					
24. FUNERAL DIRECTOR ADDRESS H.C. Crawford Jackson, Mo.					25. DATE RECD. BY LOCAL REG. 1-4-58		26. REGISTRAR'S SIGNATURE Elizabeth Summers Dp						

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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 *Gene C. C. C.*

Licensed Embalmer No. *432*

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

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.