

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

**1683**

STATE FILE NUMBER

**3**

FILED JAN 21 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 3

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Carthage</b>		c. CITY OR TOWN <b>Carthage</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1925 Grand Ave</b>		d. STREET ADDRESS <b>1925 Grand Ave</b>	
Length of stay in lb <b>45 yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>THOMAS</b> Middle <b>HARRY</b> Last <b>JENKINS</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>5</b> Year <b>1958</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June 6, 1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>upholster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>furniture</b>	9. AGE (In years last birthday) <b>78</b>
11. BIRTHPLACE (City and state or country) <b>Devonshire, England</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>James Jenkins</b>		14. MOTHER'S MAIDEN NAME <b>Betsy Ellicott</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Mary Heerman Jenkins</b>		Address <b>1925 Grand Ave Carthage, Mo</b>	
18. CAUSE OF DEATH [Enter only one cause on line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Embolism, Cerebral</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
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(a) <b>Senility</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>
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 _____ a. m. _____ p. m. Month, Day, Year _____			
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 <b>Carthage, Mo</b>
21. I attended the deceased from <b>Dec 17 '57</b> to <b>Jan 5, 1958</b> and last saw her/him alive on <b>Jan 4, '58</b> Death occurred at <b>12:15 a</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>George H. Wood</b> (Degree or title) <b>D</b>		22b. ADDRESS <b>Carthage, Mo</b>	22c. DATE SIGNED <b>1-6-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Jan 8-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Park Cemetery</b>
23d. LOCATION (City, town, or county) <b>Carthage, Mo</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Knell Mortuary, Carthage, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>1-7-58</b>	26. REGISTRAR'S SIGNATURE <b>W. Clinton</b>

County File Number 201958  
Date Filed

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 *Frank W. Kneel*

Licensed Embalmer No. 4440

P. O. Address Carthage,

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.