

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4131

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 4485 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Illmo</u>	
c. LENGTH OF STAY (in this place) <u>49 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>at home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>(N.M.N.)</u> c. (Last) <u>JENKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10, 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 9, 1879</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	IF UNDER 2 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RR Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pac R.R.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>London, England</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.K.</u>			

13a. FATHER'S NAME <u>Thomas Jenkins</u>	13b. MOTHER'S MAIDEN NAME <u>Eliza Stephenson</u>	14. NAME OF HUSBAND OR WIFE <u>Pearl Clark Jenkins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-16-5212</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Pearl Jenkins</u>	ADDRESS <u>Illmo, Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suspected coronary occlusion</u>			<u>minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arrested carcinoma of esophagus.</u>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201H</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Died without medical attention and that the deceased was alive on _____, 19____, and that death occurred at 8:00a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Fred W. Martin D.O. Illmo, Mo.</u>	23b. ADDRESS	23c. DATE SIGNED <u>1-11-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-13-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Capitola, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-15-58</u>	REGISTRAR'S SIGNATURE <u>Mrs Fred Biehlhoff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Biehlhoff Funeral Home</u>	ADDRESS <u>Illmo, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED JAN 20 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-19

FEB 13 1958

FEB 5 1958

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
Student Embalmer

Signed Oliver Carmichael

Licensed Embalmer No. 4470

P. O. Address Illinois, Mo

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 this body is not embalmed, fact should be so stated above.