Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026150
STATE FILE NUMBER

FILED AUG 7 1958 Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Mt. Vernon — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Mo. State Sanatorium — Length of stay in 1b: 40 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Lawrence
c. CITY OR TOWN: Monett — C 54-C 0551 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1407 No. 4th — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Walter — Middle: W. — Last: Jenkins

4. DATE OF DEATH: Month: July — Day: 19 — Year: 1958

5. SEX: Male — **6. COLOR OR RACE**: White — **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: June 16, 1875 — **9. AGE** (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caretaker of cemetery — **10b. KIND OF BUSINESS OR INDUSTRY**: retired — **11. BIRTHPLACE** (City and state or country): Tennessee — **12. CITIZEN OF WHAT COUNTRY?**: USA

13a. FATHER'S NAME: Thomas Green Jenkins — **13b. MOTHER'S MAIDEN NAME**: Amanda A. McCullen — **14. NAME OF HUSBAND OR WIFE**: Anna A. Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service) — **16. SOCIAL SECURITY NO.**: none — **17. INFORMANT** Address: San. records, Mo. State San., Mt. Vernon, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized arteriosclerosis with gangrene of right lower leg — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 450 1A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary tuberculosis with left pleural effusion — **19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ — **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 ☐ NOT WHILE AT WORK ☐ — **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 6-9-58, to 7-19-58 and last saw him alive on 6-19-58
Death occurred at 8:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Hellwig M.D. — **22b. ADDRESS**: Mt. Vernon, Missouri — **22c. DATE SIGNED**: 7-21-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE** — **23c. NAME OF CEMETERY OR CREMATORY**: I.O.O.F. Cemetery — **23d. LOCATION** (City, town, or county) (State): Monett, Mo.

24. FUNERAL DIRECTOR: J. D. Buchanan — **ADDRESS**: Monett, Mo. — **25. DATE RECD. BY LOCAL REG.**: 7-21-58 — **26. REGISTRAR'S SIGNATURE**: Cecil Hendricks

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Any diseases, conditions, injuries which contributed to death but not related to the terminal disease condition given in Part I must be listed.

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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 J. W. Buchanan

Licensed Embalmer No. 3149

P. O. Address Monett 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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