

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028239

STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 38

Primary Registration District No. 5120 3002

Registrar's No. 353

S. 300
1-57

4

1. PLACE OF DEATH a. COUNTY Boone			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia <i>Imp.</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Columbia 01000		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone Co. Rest Home		Length of stay in 1b Lifetime	d. STREET ADDRESS (If outside, give location) Route 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST JAMES FRANKLIN JENKINS			4. DATE OF DEATH Month Day Year August 12, 1958		
5. SEX Male <i>c</i>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1875	9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Andrew Jenkins		13b. MOTHER'S MAIDEN NAME Nancy McHenry		14. NAME OF HUSBAND OR WIFE Maude Bennett 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. —	17. INFORMANT Address Minell Jenkins, 1218 E. Walnut, Columbia, 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) <i>Arterio Sclerosis Heart</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 PM</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Medicine</i>					
DUE TO (c) <i>4200</i>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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.) <i>✓</i>			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m. <i>✓</i>					
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 <i>July 1 - 5-4</i> to <i>Aug - 12 - 58</i> and last saw her/him alive on <i>Aug - 9 - 58</i> Death occurred at <i>4:00 p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>F. C. Suggs M.A.</i>			22b. ADDRESS <i>Columbia, Mo</i>		22c. DATE SIGNED <i>8-14-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>Aug. 14, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>New Liberty Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Boone County, Missouri</i>
24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Aug 14 1958</i>		26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Douglas P. German*

Licensed Embalmer No. *5037*

P. O. Address *Columbia, TN*

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.