Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029459
STATE FILE NUMBER

FILED SEP 9 1958

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 163

1. PLACE OF DEATH
a. COUNTY Jasper.
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Webb City MINERAL Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Elmhurst Length of stay in 1b 2 weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jasper
c. CITY OR TOWN Joplin. 64915 Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1502 Moffet Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EVA Middle Last JENKINS

4. DATE OF DEATH Month AUG. Day 18. Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐
8. DATE OF BIRTH 12-30-1925
9. AGE (In years last birthday) 32. 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (City and state or country) Boonville Mis
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Tims Moreland
13b. MOTHER'S MAIDEN NAME Dimmet Woodward
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Dimmet Moreland Address Dugess, Ark

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) Uremia — INTERVAL BETWEEN ONSET AND DEATH 3 wks.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix — 1 year
DUE TO (c) 171X
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 ☐ NO ☒

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 11-18-57, to 8-18-58 and last saw her/him alive on 8-19-58
Death occurred at 8 AM 8-18-58 on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. Langenecker, M. D. (Degree or title)
22b. ADDRESS 617 Frisco Bldg. Joplin, Mo.
22c. DATE SIGNED 8-20-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-21-58
23c. NAME OF CEMETERY OR CREMATORY Park Memorial
23d. LOCATION (City, town, or county) Joplin, (State) Mo

24. FUNERAL DIRECTOR Thornhill-Dillon Mort. ADDRESS Joplin Mo.
25. DATE RECD. BY LOCAL REG. 9-1-58
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

NOV 17 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 .....
Signature of Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin 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.