

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005089

STATE FILE NUMBER

Registration District No. 118 Primary Registration District No. 4188 Registrar's No. 5

300
1-57

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| 1. PLACE OF DEATH a. COUNTY <u>Gasconade</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Owensville</u> | | c. CITY OR TOWN <u>Owensville</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | d. STREET ADDRESS <u>500 Springfield Rd</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>HENRY</u> Last <u>JENKINS</u> | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>17</u> Year <u>1959</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Sept. 30, 1895</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Bus Driver</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bus Driver</u> | 11. BIRTHPLACE (City and state or country) <u>Oak Hill, Mo.</u> |
| 13a. FATHER'S NAME <u>James Jenkins</u> | | 14. NAME OF HUSBAND OR WIFE <u>Carrie May Tyree Jenkins</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 17. INFORMANT <u>Mrs. Carrie Jenkins Owensville, Mo.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Chronic Myocardial Degeneration</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 Hours</u> <u>1 1/2 Years</u> |
| 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. | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <u>Owensville, Mo.</u> | |
| 21. I attended the deceased from <u>2-17-59</u> to <u>2-17-59</u> and last saw <u>him</u> alive on <u>2-17-59</u> Death occurred at <u>3:10 P</u> am on the date stated above; and to the best of my knowledge, from the causes stated. | | 22c. DATE SIGNED <u>2-19-59</u> | |
| 22a. SIGNATURE <u>Pauls Bonnet, M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Owensville, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2-21-1959</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Oak Hill, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Melford H H Winter</u> ADDRESS <u>Owensville</u> | | 25. DATE RECD. BY LOCAL REG. <u>February 21, 1959</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Marvin Jappmeyer</u> | | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

VS FEB 22 1960

MAR 7 5 1959

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 me, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Myford H H Winters

Licensed Embalmer No. 3836

P. O. Address OWEN 5022

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.