

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018769

STATE FILE NUMBER

HELD JUN 4 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Brunswick
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland		Length of stay in lb 4 Days	d. STREET ADDRESS (If outside, give location) 6210
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Mary Margaret Jenkins			4. DATE OF DEATH Month Day Year 5 - 21 - 1959		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-16-1887	9. AGE (In years) 72 (If birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brunswick, Mo	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME William Bangs	13b. MOTHER'S MAIDEN NAME Mary M. Davis	14. NAME OF HUSBAND OR WIFE Clarence Jenkins
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Clarence Jenkins Address Brunswick, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hepatocarcinoma Liver		INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Obstructive Jaundice		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from Death occurred at May 20 3:55 p.m. and last saw her alive on May 21 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Doctor G. M. Moberly Mo	22b. ADDRESS Brunswick Mo	22c. DATE SIGNED 26-May
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 5-24-59	23c. NAME OF CEMETERY OR CREMATORY Elliott Group Cem.	23d. LOCATION (City, town, or county) (State) Brunswick, Mo
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24. FUNERAL DIRECTOR Heisel Funeral, Brunswick Mo.	25. DATE RECD. BY LOCAL REG. 5-24-59	26. REGISTRAR'S SIGNATURE Calwell
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health, Welfare public Service
 300 -57
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with no asterisk.
 All diseases in Part I must be causally related.
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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 *Gerald A. Burger*

Licensed Embalmer No. *4763*

P. O. Address *Brunswick, Ga.*

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.