

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS. NOV 23 1959 53

3010

423

59-039199

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau Mo</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (if outside corporate limits, give TOWNSHIP only) <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau Mo</b>	
Length of stay in 1b <b>39yrs</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Francis Hospital</b>		d. STREET ADDRESS (if outside, give location) <b>R#2 Cape Girardeau Mo</b>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary Ida Jenkins</b>			4. DATE OF DEATH Month Day Year <b>Nov. 14. 1959.</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/5/1885</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and state or country) <b>Millersville Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James W. Brown</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Niswonger</b>	14. NAME OF HUSBAND OR WIFE <b>James N. Jenkins</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>James N. Jenkins R#2 Cape Girardeau</b>
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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) <b>Cerebrovascular Hemorrhage</b> 6 days		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Cerebral arteriosclerosis</b>	<b>unknown</b>
	DUE TO (c) <b>Diabetes Mellitus</b>	<b>10+ years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. p.m. Month, Day, Year	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 <b>Nov. 2, 1959</b> to <b>Nov. 14, 1959</b> and last saw her alive on <b>Nov. 14, 1959</b> Death occurred at <b>10:45 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>Israel M. Hoxworth, M.D.</b>	22b. ADDRESS <b>24 N. Spring Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>11/16/59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/17/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemt</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau Mo</b>
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24. FUNERAL DIRECTOR ADDRESS <b>L.L. Haman Cape Girardeau Mo</b>	25. DATE RECD. BY LOCAL REG. <b>11-19-59</b>	26. REGISTRAR'S SIGNATURE <b>Irma Kasten</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 23 1969 SA

NOV 15 1969 SA

**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 L. L. Hannan

Licensed Embalmer No. 2863

P. O. Address Cape Girardeau

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.