

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 43 2 5 7

FILED VS DEC 18 1959

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 151

ENDED

1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Monett</u>		Length of stay in 1b <u>8 das.</u>		c. CITY OR TOWN <u>Mt. Vernon</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Vincent</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>101 N. Landrum</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>(James Walter Jenkins) Walter Jenkins</u>				4. DATE OF DEATH Month Day Year <u>Dec. 10, 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>Jan 23-1896</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Stone Co. MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>		
13a. FATHER'S NAME <u>George Jenkins</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Cloud</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie</u>		
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. <u>486-30-3394</u>		17. INFORMANT <u>Jessie Jenkins</u>		Address <u>Mt. Vernon - Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebrovascular accident (Thrombosis)</u>						INTERVAL BETWEEN ONSET AND DEATH <u>27 hrs</u>	
DUE TO (b) <u>cirrhosis & hepatitis (2 yrs)</u>						<u>unknown</u>	
DUE TO (c) <u>chr. alcoholism</u>						<u>many years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Degenerative Arthritis (10+ yrs).</u>						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 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.)					
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
21. I attended the deceased from <u>11/28/59</u> to <u>12/10/59</u> and last saw him alive on <u>12/9/59</u> Death occurred at <u>6:05</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Emmett Glover MD</u>				22b. ADDRESS <u>Mt. Vernon, Mo</u>		22c. DATE SIGNED <u>12/12/59</u>	
23a. BURIAL CREMATION OR REMOVAL (Specify)	23b. DATE <u>Dec 13-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>2007.</u>		23d. LOCATION (City, town, or county) (State) <u>Mt. Vernon - (Lawrence) Mo.</u>			
24. FUNERAL DIRECTOR <u>Max L. Fossett</u>			ADDRESS <u>Mt. Vernon Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-12-59</u>	26. REGISTRAR'S SIGNATURE <u>Mr P.N. Cook</u>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

DEC 29

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 Max L Fossett

Licensed Embalmer No. 4252

P. O. Address Milwaukee

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.