

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 6 1 2

FILED VS DEC 17 1959 72

Registration District No. _____ Primary Registration District No. 3034 Registrar's No. 100

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Lafayette			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Higginsville		Length of stay in 1b	c. CITY OR TOWN Higginsville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 529 Fairground Ave.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 529 Fairground Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle FRANCIS Last JENKINS			4. DATE OF DEATH Month December Day 5 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/7/1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months 3 Days 29
IF UNDER 24 HR 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 Morgan Co., Missouri	11. BIRTHPLACE (City and state or country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Gus D. Friedly	13b. MOTHER'S MAIDEN NAME Cordelia Beaty	14. NAME OF HUSBAND OR WIFE Albert E. Jenkins, Dec.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT Address Higginsville, Mo. Mrs. John Houchen (Daughter)		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suicide by Hanging Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Last seen evening of 12-5-59 DUE TO (c) Body found 12-6-59 10:10 A m					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fault hanging in her home by a neighbor			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Cord about neck & fastened to top of door	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year Dec 59	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 529 Fairground Ave - Higginsville Lafayette MO				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION Higginsville	COUNTY Lafayette	STATE MO		
21. I attended the deceased from _____ of the death and last saw her alive on _____ Death occurred at Probably late 12-5-59 p m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Mr. Martin			(Degree or title)	22b. ADDRESS desa	22c. DATE SIGNED 12-6-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec 9, 1959	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) Higginsville	(State) Missouri	
24. FUNERAL DIRECTOR A.H. Hader	ADDRESS Funeral Home	25. DATE RECD. BY LOCAL REG. Dec. 9. 1959	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan		
BY A.H. Hader	ADDRESS Higginsville, Mo.				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 29 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
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William F. Spark

Licensed Embalmer No. 4431

P. O. Address Oleson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.