

Health, Welfare, Public Service

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

*Baldwin*  
FILED VS FEB 10 1960

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

=60-000899

STATE FILE NUMBER

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kennett</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>90<sup>th</sup> 701 N. Everett St</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>701 North Everett</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>E.</u> Last <u>Jenkins</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>30-</u> Year <u>1960</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 2nd-1870</u>	9. AGE (In years less birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 24 HRS Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and state or country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Abraham Roten</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>	14. NAME OF HUSBAND OR WIFE <u>David Jenkins-Deceased</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No. XX</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Charles Jenkins</u> Address <u>Farmington Mo.</u>
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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) <u>Inanition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Senility</u>		<u>10 yrs</u>
	DUE TO (c) <u>General Sclerosis</u>		<u>20 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>345X</u>		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.) <u>—</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year a.m. <u></u> p.m. <u></u>	20d. INJURY OCCURRED WHILE AT <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.) <u>—</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1-29-60</u> to <u>1-30-60</u> and last saw her alive on <u>1-29-60</u> Death occurred at <u>—</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Paul Baldwin</u> (Degree or title) <u>MD.</u>	22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>2-3-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Ark.</u>
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24. FUNERAL DIRECTOR <u>Cozean Service</u> ADDRESS <u>Farmington Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 3-1960</u>	26. REGISTRAR'S SIGNATURE <u>Paul Baldwin</u>
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Co. 2100 No. 260-48

MAR 16 1960

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 *Edgar J. Ford*

Licensed Embalmer No. 4433

P. O. Address. Kennett Mo.

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.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 22

1. PLACE OF DEATH a COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived if institution; Residence before admission) a STATE <u>Mo.</u> COUNTY <u>Dunklin</u>	
b CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kennett</u>		c CITY OR TOWN <u>Kennett</u>	
d FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>701 N. Everett St</u>		e STREET ADDRESS (If outside, give location) <u>701 North Everett</u>	

3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>E</u> Last <u>Jenkins</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>30</u> Year <u>1960</u>		
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5 SEX <u>Female</u>	6 COLOR OR RACE <u>White</u>	7 MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 2nd-1870</u>	9 AGE (In years (birthdays) <u>89</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>28</u>	IF UNDER 24 HRS Hour <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u>	11. BIRTHPLACE (City and state or country) <u>North Carolina</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of unit(s)) (If yes, give age or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Charles Jenkins</u>	Address <u>Farmington Mo.</u>
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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) <u>Transition</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Sensitivity</u>		<u>10 yrs</u>
	DUE TO (c) <u>General atrophy</u>		<u>20 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>3451</u>		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.) <u>—</u>
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>1-29-60</u> to <u>1-30-60</u> and last saw her alive on <u>1-29-60</u> Death occurred at <u></u> 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) <u>Paul Edgewood MD.</u>	22b. ADDRESS <u>Kennett Mo.</u>	22c. DATE SIGNED <u>2-3-60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-1-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Clinton Ark.</u>
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Items #3, 13b amended by affidavit of granddaughter verified by Van Buren County, Arkansas Historical Journal, 1980 Census of Watauga County, NC 10-17-01 SP

MEDICAL CERTIFICATION

