

**RI. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**60-013967**

FILED VS APR 14 1960

Registration District No. 366 Primary Registration District No. 4596 Registrar's No. 39

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Potosi</u>	Length of stay in lb <u>20yrs</u>	c. CITY OR TOWN <u>Potosi</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>807 Towle St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>807 Towle</u>

3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle <u>ELEVA</u> Last <u>JENKINS</u>			4. DATE OF DEATH Month <u>Apr</u> Day <u>10</u> Year <u>1960</u>	
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>11-29-1876</u>	9. AGE (last birthday) <u>83</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Joplin, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>

13a. FATHER'S NAME <u>Tom Day</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Tom Jenkins (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>HOWARD JENKINS - Potosi</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	<u>Cerebral Hemorrhage</u>	
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.	<u>Arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
20c. TIME OF INJURY Hour <u>12:00</u> a.m. p.m.	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Potosi</u>	COUNTY <u>Washington</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>April 5/60</u> to <u>April 6/60</u> and last saw her alive on <u>April 6/60</u> Death occurred at <u>12:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>M. F. Presswell</u>		22b. ADDRESS <u>Potosi</u>	22c. DATE SIGNED <u>4/12/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4-13-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Church</u>	23d. LOCATION (City, town, or county) <u>Shirley, Mo.</u>

24. FUNERAL DIRECTOR <u>Speaks Funeral Home - 301 E. High - Potosi</u>	25. DATE RECD. BY LOCAL REG. <u>4/12/60</u>	26. REGISTRARS SIGNATURE <u>Arthur G. Gindoff</u>
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DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

APR 26 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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ronald P Sparks*

Licensed Embalmer No. 4819

P. O. Address 301 E. High

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.