

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. JUN 20 1960

43

Registration District No. _____ Primary Registration District No. ~~30~~

Registrar's No. 338

=60-022470
STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Butler				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE Missouri COUNTY Stoddard									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b		c. CITY OR TOWN Neelyville, Missouri		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Enroute to Hospital			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Warren Middle Cecil Last Jenkins				4. DATE OF DEATH Month May Day 22 , Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH 2-29-1904		9. AGE (last birthday) 56		IF UNDER 1 YEAR Months 2 Days 23		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Bertrand, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.					
13a. FATHER'S NAME Reuben F. Jenkins				13b. MOTHER'S MAIDEN NAME Lillian Hocomb				14. NAME OF HUSBAND OR WIFE none					
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. 490-03-9848		17. INFORMANT Address Mrs. Myrtle Bowman, Dexter, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction acute DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 10 years Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 2 hours			
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 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 _____ 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 4-30-56 to 2-3-58 and last saw him alive on 2-3-58 . Death occurred at 8:45 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Robert W. Clelland (Degree of title)						22b. ADDRESS Poplar Bluff, Mo			22c. DATE SIGNED 6-6-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5-25-60		23c. NAME OF CEMETERY OR CREMATORY Bernie		23d. LOCATION (City, town, county) Bernie, Missouri		(State)					
24. FUNERAL DIRECTOR Strickland-Rainey				ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 6/10/60		26. REGISTRAR'S SIGNATURE Bob Wheeler					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Lucille Rainey

Licensed Embalmer No. 498

P. O. Address Dexter,

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.