

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 6 1960

-60-029494

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 500F Registrar's No. 258

INDEXED

1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wilson Township		Length of stay in 1b 50 Yrs		c. CITY OR TOWN Wilson Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 Mi East La Plata			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4 Mi East La Plata		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEWIS Middle ALVA Last JENKINS				4. DATE OF DEATH Month August Day 27 , Year 1960				
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/20/75	9. AGE (last birthday) 85	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 24 HR Hours --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and state or country) Shad Rock Illinois		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME John Jenkins			13b. MOTHER'S MAIDEN NAME Cemantha Cockran		14. NAME OF HUSBAND OR WIFE Bertha E. Jenkins			
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. 492-42-7127	17. INFORMANT Address Mrs Bertha Jenkins, La Plata, 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) Cerebral Thrombosis DUE TO (b) Arteriosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs.		
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 _____ 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 January 15, 1960 to August 27, 1960 and last saw the live on August 27, 1960 Death occurred at 4 a.m. on the date stated above, and to the best of my knowledge from the causes stated.								
22a. SIGNATURE Harold D. Lehr (Degree of title)				22b. ADDRESS La Plata, Missouri			22c. DATE SIGNED 8/27/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/60	23c. NAME OF CEMETERY OR CREMATORY La Plata Cemetery		23d. LOCATION (City, town, or county) La Plata, Mo. (State)				
24. FUNERAL DIRECTOR Wilson Funeral Home, La Plata, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 8-31-60		26. REGISTRAR'S SIGNATURE Doris W. Raloff			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 27 1961

OCT 10 1960

HAROLD D. LEHR, D.D.

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 Kenneth M. Wilson

Licensed Embalmer No. 470

P. O. Address La Plata

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.