

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

-60-029879

Registration District No. 53 Primary Registration District No. 0000 Registrar's No. 329 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u> (Division)					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kinder Township</u>		Length of stay in 1b		c. CITY OR TOWN <u>Near Burfordville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1 1/2 Mi. N. Burfordville</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <u>None Archie Jenkins</u>				4. DATE OF DEATH Month Day Year <u>Aug. 13-1960</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>Nov. 11-1883</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Bollinger Co. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <u>George Jenkins</u>			13b. MOTHER'S MAIDEN NAME <u>Tilda Reed</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth Henderickson</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.		17. INFORMANT Address <u>George Jenkins Burfordville Mo.</u>				
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>Crushed Chest</u>							INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Internal Hemorrhage</u>									
DUE TO (c) <u>Possible Ruptured Left Lung</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 checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>Accident</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Mule stepped on & kicked; broke up chest carriage.</u>						
20c. TIME OF INJURY Hour Month, Day, Year <u>3:00 p.m. 8-13-1960</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Specialty L. Side. It was all ribs out of shape.</u>						20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>Millerville Rt. #1 Cape Girardeau, Missouri</u>	
21. I attended the deceased from _____, to _____ and last saw him alive on _____ Death occurred at <u>3:15 P. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W. S. Ford - Coroner</u>				22b. ADDRESS <u>Cape Girardeau, Mo.</u>			22c. DATE SIGNED <u>8-13-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>8-16-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>County Line Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>4 Mi. W. Burfordville Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Deeke-Laird Jackson Co.</u>				25. DATE RECD. BY LOCAL REG. <u>8-17-60</u>		26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>			

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

R. O. Leind

Licensed Embalmer No. *4538*

P. O. Address *Jackson, N.C.*

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