

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-045388

FILED VS DEC 27 1965

Registration District No. 5 Primary Registration District No. 5190 Registrar's No. 1222

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <u>CARROLL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CARROLLTON TWP</u>		Length of stay in 1b <u>—</u>		c. CITY OR TOWN <u>KANSAS CITY</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>Z.M.E. CARROLLTON CH & HOSPITAL</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>400 W. Quincy</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <u>DANIEL</u> Middle <u>LEON</u> Last <u>JENKINS</u>				4. DATE OF DEATH Month <u>DEC.</u> Day <u>16</u> Year <u>1960</u>											
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12-10-1949</u>	9. AGE (last birthday) <u>11</u>	IF UNDER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 24 HR Hours <u>—</u> Min. <u>—</u>								
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Boy</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>CHILD</u>		11. BIRTHPLACE (City and state or country) <u>CARROLLTON, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>								
13a. FATHER'S NAME <u>CLAUDE JENKINS</u>			13b. MOTHER'S MAIDEN NAME <u>MARJORY WINFREY</u>			14. NAME OF HUSBAND OR WIFE <u>—</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>MARJORY JENKINS</u> Address <u>400 Quincy, KANSAS CITY, 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>Broken Neck - Injured Injuries</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Both legs broken and Right Arm</u> DUE TO (c) <u>Neck Wrist.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anti-Stark Bridge 2.1 mi. E of N. Jct. 65+24 Bridge No J-833</u>							INTERVAL BETWEEN ONSET AND DEATH <u>None.</u>								
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"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Anti-Stark Bridge 2.1 mi. E of N. Jct. 65+24 Bridge No J-833</u>									
20c. TIME OF INJURY Hour <u>—</u> a.m. <u>—</u> p.m. <u>—</u>		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 <u>DEC 16, 1960</u> to <u>DEC. 16, 1960</u> and last saw <u>him</u> alive on <u>—</u> Death occurred at <u>7:40 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>R.M. Mauldin Jr</u> (Describe or title) <u>Coroner</u>						22b. ADDRESS <u>Carrollton Mo</u>				22c. DATE SIGNED <u>12/16/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-19-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>			23d. LOCATION (City, town, or county) (State) <u>DENIH, MO</u>								
24. FUNERAL DIRECTOR <u>MARSHALL FUNERAL HOME</u>				ADDRESS <u>CARROLLTON MO</u>		25. DATE RECD. BY LOCAL REG. <u>12-27-60</u>		26. REGISTRAR'S SIGNATURE <u>Harold W. Wick M.D.</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. M. Marshall, Jr.

Licensed Embalmer No. 4469

P. O. Address Parsons

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