MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

62-005284
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 4

FILED JAN 11 1962

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Breton — Length of stay in 1b: 4 months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2 miles south of Potosi — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Wash.
c. CITY OR TOWN: Potosi, — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt. 1 — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Tobitha Middle: Belle Last: Jenkins
4. DATE OF DEATH: Month Day Year: Jan. 4, 1962
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: June 18, 1878
9. AGE (last birthday): 83 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Washington Co., Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Noah W. Eye
13b. MOTHER'S MAIDEN NAME: Elizabeth Gibson
14. NAME OF HUSBAND OR WIFE:
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.: none
17. INFORMANT: Otho Jenkins — Address: Potosi, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia following
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): myocarditis and
DUE TO (c): degenerative Mental change
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 Sept. 1961, to Jan. 4 1962 and last saw her alive on Jan. 3, 1962
Death occurred at 12:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G. F. Cresswell MD
22b. ADDRESS: Potosi Mo.
22c. DATE SIGNED: 1/5/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-6-1962
23c. NAME OF CEMETERY OR CREMATORY: White Oak Grove
23d. LOCATION (City, town, or county) (State): Potosi Rt. 2, Missouri

24. FUNERAL DIRECTOR: Donald Sparks — ADDRESS: Potosi, Missouri
25. DATE RECD. BY LOCAL REG.: 1/5/62
26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Donald Sparks

Licensed Embalmer No. 4819

P. O. Address Potosi, Mo.

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.