

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039462

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 36

FILED OCT 22 1962

VS 300
Rev. 4/59

DATE AMENDED

06-30
06-30

3
4 1
5 2
6
7 0
8 0
9 156.1
10
11
12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Maries</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belle</u>		Length of stay in 1b <u>Several years</u>	c. CITY OR TOWN <u>Belle</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>AT home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Belle</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Grace Francis Jenkins</u>			4. DATE OF DEATH Month Day Year <u>Oct-15-1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Oct-9-1889</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	9. AGE (last birthday) <u>73</u>
11a. FATHER'S NAME <u>John Miller</u>		11b. MOTHER'S MAIDEN NAME <u>Molly Brimm</u>	11c. NAME OF HUSBAND OR WIFE <u>John Jenkins (deceased)</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		13. SOCIAL SECURITY NO. <u>none</u>	14. INFORMANT <u>Mrs Mae Smith - Owensville - Mo</u>
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Generalized Toxemia</u>			
DUE TO (c) <u>CARCINOMA OF LIVER</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetic - Carcinoma of Liver</u>			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
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	17. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. CITY, TOWN, OR LOCATION COUNTY STATE	
23. I attended the deceased from <u>5/10/58</u> to <u>10/14/62</u> and last saw her <u>alive</u> on <u>10-14-62</u>		Death occurred on <u>12:50</u> <u>A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
24. SIGNATURE (Degree or title) <u>W. F. [Signature]</u>		25. ADDRESS <u>Belle Mo</u>	26. DATE SIGNED
27. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	28. DATE <u>OCT 17-1962</u>	29. NAME OF CEMETERY OR CREMATORY <u>Adkins (Campbell) Cemetery</u>	30. LOCATION (City, town, or county) (State) <u>Maries County - Mo</u>
31. FUNERAL DIRECTOR'S ADDRESS <u>S. J. [Signature] Belle Mo</u>		32. DATE RECD. BY LOCAL REG. <u>Oct. 17-1962</u>	33. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Cherita Sasmann

Licensed Embalmer No. 4178

P. O. Address Bland - 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.