

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031026

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 352 Primary Registration District No. 6190 Registrar's No. 71

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

*W. E. Wagner*  
AMENDED

FILED AUG 12 1963

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Taney</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE<br><b>Mo.</b> b. COUNTY<br><b>Taney</b>                            |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Branson</b>   |   | Length of stay in 1b   | c. CITY OR TOWN<br><b>Branson</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>Home</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>523 Eiserman</b>      |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Amos Elbin Jenkins</b>  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>August 1 1963</b>                |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>W</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>8/6/1894</b>                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retail Feed Store</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>FEED</b>   | 9. AGE (last birthday)<br><b>68</b>                                       |
| 13a. FATHER'S NAME<br><b>George Dacquet</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Dacquet</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b><br>DUE TO (b) <b>Arteriosclerotic Heart Disease</b><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | 11. BIRTHPLACE (City and state or country)<br><b>Wamego, Kansas</b>  |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>Virginia Jenkins</b>   |   |
| 17. INFORMANT<br><b>Virginia Jenkins, Branson, Mo.</b>   |   | Address  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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 <b>May 1 1962</b> to <b>8/1/63</b> and last saw <sup>her</sup> him alive on <b>8/1/63</b><br>Death occurred at <b>5:45 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>W. E. Wagner, M.D.</b>  |   | 22b. ADDRESS<br><b>Branson, Mo.</b>  |   |
| 22c. DATE SIGNED<br><b>8-8-63</b>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>8/3/1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Ozark Memorial</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Branson, Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Walter Cobb, Branson, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>8-9-63</b>  | 26. REGISTRAR'S SIGNATURE<br><i>Steve Campbell</i>                        |

USE BLACK INK OR TYPEWRITER RIBBON

DATE AMENDED  
VS 300 Rev. 4/59  
1 1060  
2 1060  
3  
4 0  
5 1  
6  
7 1  
8 2  
9 4200  
10  
11  
12 90-0  
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
SHOULD READ

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

1963 13 1963

1000  
1000  
1  
1  
4

Robert  
N.Y.

Richard T. ...  
STATEMENT BY LICENSED EMBALMER

0-09

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 Walter Cook

Licensed Embalmer No. 4731

P. O. Address Beaumont, Tex

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.

Edna

Edna ...

0-09