

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040284

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 459

FILED OCT 16 1963

VS 300  
Rev. 4/59

1 700.5

2 8040 2

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>California</b> b. COUNTY <b>Missouri</b>                        |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Independence</b>  |   | c. CITY OR TOWN <b>Yucaipa</b>   |   |
| Length of stay in 1b<br><b>6 weeks</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Independence Sanitarium</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>Yucaipa</b>  |   |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Elizabeth</b> Middle <b>Taylor</b> Last <b>Cutler Jenkins</b>  |   | 4. DATE OF DEATH<br>Month <b>October</b> Day <b>5</b> Year <b>1963</b>   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>10-5-1874</b>  |
| 9. AGE (last birthday)<br><b>89</b>   |   | IF UNDER 1 YEAR IF UNDER 24 HR<br>Months Days Hours Min.   |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Salt Lake City, Utah, USA</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>John Christopher Cutler</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sarah Elizabeth Taylor</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Edward E. Jenkins</b>   |   | Address  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>568-48-4953</b>  |   |
| 17. INFORMANT<br><b>Harold C. Jenkins</b>   |   | Yucaipa, Calif.  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Pneumonia 493</b><br>DUE TO (b) <b>and Congestive Heart Failure 4341</b><br>DUE TO (c) <b>8 days</b> |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>10 days</b>   |   |
| 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 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.<br>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<br>COUNTY STATE  |  |   |
| 21. I attended the deceased from <b>9/28/63</b> to <b>10/5/63</b> and last saw her alive on <b>10/5/63</b><br>Death occurred at <b>3:00 PM</b> m on the date stated above, and to the best of my knowledge, from the causes stated.     |   | 22a. SIGNATURE (Degree or title)<br><b>Charles Grady, M.D.</b>   |   |
| 22b. ADDRESS<br><b>Independence, Mo.</b>  |   | 22c. DATE SIGNED<br><b>10/7/63</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Oct 7 1963</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mound Grove Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Independence Missouri</b> |
| 24. FUNERAL DIRECTOR<br><b>Roland R. Speaks</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>10-7-63</b>   |   |
| ADDRESS<br><b>Independence, Mo.</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Alvin L. Craig</b>   |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

OCT 24 1963

JAN 7 1964

OCT 7, 1963

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 Alon R. Lindsey

Licensed Embalmer No. 5198

P. O. Address Indy, 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.