

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **1808**

BIRTH NO. _____		REG. DIST. NO. 223		PRIMARY REG. DIST. NO. 5795		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Moniteau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY OR TOWN California Pilot Grove		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN California		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 0681			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) OLIVER		c. (Last) JENKINS	
4. DATE OF DEATH		(Month) Feb		(Day) 3		(Year) 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 3 - 1869	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 1		IF UNDER 24 HRS. Hours 1 Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY no		11. BIRTHPLACE (City and State or Foreign Country) California Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Abner Jenkins		13b. MOTHER'S MAIDEN NAME Eliza Ann Feltner		14. NAME OF HUSBAND OR WIFE Pearl Jenkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 500-20-1946		17. INFORMANT'S SIGNATURE OR NAME Pearl Jenkins ADDRESS California Mo			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH 30 minutes			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pilot Grove Moniteau Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from at the time of death , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE R. S. Feltner MD (Degree or title)				23b. ADDRESS California, Mo		23c. DATE SIGNED 2-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb-5-1955		24c. NAME OF CEMETERY OR CREMATORY Sappington Cemetery		24d. LOCATION (City, town, or county) (State) California "Rural" Mo	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb-6-1955 Helen Poppey		506		25. FUNERAL DIRECTOR'S SIGNATURE Hugh E. Wellman ADDRESS California Mo			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Hugh E. Hellman*.....

Licensed Embalmer No. *353*.....

P. O. Address *California*.....

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.