Health, Welfare Public Service

300 1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 11 1957

STATE FILE NUMBER 18295

Registration District No. 297 Primary Registration District No. 3057 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 503 North Main — Length of stay in 1b: 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Lafayette
c. CITY OR TOWN: Lexington 64067 — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 2302 Main St. — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First MARTHA Middle ISABELLE Last JENKINS

4. DATE OF DEATH: Month May Day 30 Year 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐

8. DATE OF BIRTH: October 19, 1871

9. AGE (In years last birthday): 85

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (City and state or country): Dallas Co., Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William A. Sowers

14. MOTHER'S MAIDEN NAME: Susanna Livengood

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 Address: Mrs. J. L. Rider, Lexington, Mo.

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): Cerebral Hemorrhage 12 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Arterio-Sclerosis

DUE TO (c):

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): 331X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

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 May 29-57 to May 30 and last saw her/him alive on May 30 1957
Death occurred 5:15 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Richmond Mo.

22c. DATE SIGNED: My 30-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: June 2 1957

23c. NAME OF CEMETERY OR CREMATORY: Machpelah

23d. LOCATION (City, town, or county) (State): Lexington, Mo.

24. FUNERAL DIRECTOR (ADDRESS): Forrest Stengel Lexington Mo.

25. DATE RECD. BY LOCAL REG.: June 9-1957

26. REGISTRAR'S SIGNATURE: Mabel Jackson

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leo M. Lean

Licensed Embalmer No. 2[illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.