

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 212

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

- 9. 1
- 10a. 79
- 10b.
- 11. 0
- 12. 2
- 13. 412.3
- 14.
- 15. 4
- 16.
- 17.
- 18. 0
- 19. CREDITS
- 20. 1-D

4. 0941

5. 1

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0941

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME 1. <u>JESSE</u> <u>JENKINS</u>			SEX 2. <u>F</u>	DATE OF DEATH (MONTH, DAY, YEAR) <u>JUNE 25 1968</u>	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 3. <u>WHITE</u>		AGE—(LAST BIRTHDAY) (YEARS) 4. <u>79</u>	UNDER 1 YEAR 5a. <u>11</u> MONTHS 5b. <u>14</u> DAYS	DATE OF BIRTH (MONTH, DAY, YEAR) 6. <u>July 11, 1888</u>	COUNTY OF DEATH <u>ST. FRANCOIS</u>
CITY, TOWN, OR LOCATION OF DEATH 7. <u>Bonne Terre</u>			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7a. <u>YES</u> 7b. <u>Bonne Terre Hospital</u>		
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. <u>Missouri</u>		CITIZEN OF WHAT COUNTRY 9. <u>USA</u>	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. <u>Widowed</u>	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. <u>--</u>	
SOCIAL SECURITY NUMBER 12.		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. <u>Housewife</u>	KIND OF BUSINESS OR INDUSTRY 13b. <u>Home</u>		
RESIDENCE—STATE 14a. <u>Mo.</u>	COUNTY 14b. <u>St. FRANCOIS</u>	CITY, TOWN, OR LOCATION 14c. <u>BONNE TERRE</u>	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. <u>YES</u>	STREET AND NUMBER 14e. <u>415 A. ST. BONNE TERRE MO.</u>	
FATHER—NAME 15. <u>John C. Haney</u>			MOTHER—MAIDEN NAME 16. <u>Frances Amanda Nations</u>		
INFORMANT—NAME 17a. <u>Mrs. Otto Thomure</u>			MAILING ADDRESS 17b. <u>Bonne Terre, Mo.</u>		
PART I. DEATH WAS CAUSED BY: 18. IMMEDIATE CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>Arteriosclerotic heart disease.</u>				<u>Many years</u>	
DUE TO, OR AS A CONSEQUENCE OF:					
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST					
(b)					
DUE TO, OR AS A CONSEQUENCE OF:					
(c)					
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO) 19a. <u>NO</u>	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.					
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.		
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION 20g.	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM <u>Aug. 1968</u>	MONTH DAY YEAR <u>21b. June 25 1968</u>	MONTH DAY YEAR <u>21c. June 24 1968</u>	AND LAST SAW HIM/HER ALIVE ON 21d. <u>did not</u>	I DID/DID NOT VIEW THE BODY AFTER DEATH. 21e.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. <u>2:50 a.m.</u>
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.					
CERTIFIER—NAME (TYPE OR PRINT) 23a. <u>Jack Mullen, M.D.</u>		SIGNATURE 23b. <u>[Signature]</u>		DEGREE OR TITLE 23c.	DATE SIGNED (MONTH, DAY, YEAR) 23d. <u>June 25, 1968</u>
MAILING ADDRESS—CERTIFIER 23e. <u>30 N. Allen, Bonne Terre, Missouri 63628</u>					
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. <u>Burial</u>		CEMETERY OR CREMATORY—NAME 24b. <u>Haney Cemetery</u>		LOCATION 24c. <u>Ste. Genevieve Co., Mo.</u>	
DATE 24d. <u>June 28, 1968</u>		FUNERAL HOME—NAME AND ADDRESS 24e. <u>COZEAN 217 W. COLUMBIA ST. FARMINGTON, Mo.</u>		STREET OR R.F.D. NO., CITY OR TOWN, STATE (ZIP) 24f.	
FUNERAL DIRECTOR—SIGNATURE 25a. <u>C.H. COZEAN</u>		REGISTRAR—SIGNATURE 25b. <u>[Signature]</u>		DATE RECEIVED BY LOCAL REGISTRAR 25c. <u>June 25, 1968</u>	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

JUL 9 1968

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 *W. A. C. [Signature]*

Licensed Embalmer No. 4084

P. O. Address Farrington Mass

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.