

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0015625  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **383** Primary Registration District No. **5655** Registrar's No. **40015625**

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
10550				
20550				
3				
4	1			
5	1			
6				
7	0			
8	2			
9	170XA			
10				
11				
12	90-0			
13	3-0			

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Lawrence</b>		2. USUAL RESIDENCE (Where deceased lived; If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lawrence</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Mt. Vernon</b>		Length of stay in 1b <b>Approx. 8 yrs.</b>	c. CITY OR TOWN <b>Mt. Vernon</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural Rte. 1</b>
3. NAME OF DECEASED (Type or print) First <b>Ona</b> Middle <b>(Gard)</b> Last <b>Jinkerson</b>		4. DATE OF DEATH Month <b>May</b> Day <b>5</b> Year <b>1964</b>	
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/23/1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>nursing--State Hospital</b>	9. AGE (last birthday) <b>54</b>
13a. FATHER'S NAME <b>Stephen Gard</b>		13b. MOTHER'S MAIDEN NAME <b>Rosina Lips</b>	14. NAME OF HUSBAND OR WIFE <b>Perry Jinkerson</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>515-18-1469</b>	17. INFORMANT Address <b>Perry Jinkerson, Mt. Vernon, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinomatous</b> DUE TO (b) <b>Carcinoma left heart</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>6 month</b> <b>5 1/2 year</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arterio &amp; pulmonary Tbc</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? 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 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>12/11/63</b> , to <b>5/5/64</b> and last saw her/him alive on <b>5/2/64</b> Death occurred at <b>3:30 A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>[Signature]</i> M. D.		22b. ADDRESS <b>Mt. Vernon, Missouri</b>	22c. DATE SIGNED <b>5/6/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5/7/1964</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mount Olive Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Fair Grove Mo.</b>
24. FUNERAL DIRECTOR <b>Max L. Fossett</b> ADDRESS <b>Mt. Vernon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>5-6-64</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

(Licensed Embalmer's Statement on Reverse Side)

MAY 26 1964

MAY 7 1965

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt Vernon, 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: