

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0036303

DO NOT WRITE ON THIS STUB

AMENDED

SEE FILED 22 64

Registration District No. 316

Primary Registration District No. 3059

Registrar's No. 364

STATE FILE NUMBER

0036353

VS 300
Rev. 4/59

1 0941
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre		Length of stay in 1b 1 wk.	c. CITY OR TOWN Bonne Terre
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonne Terre Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 514 S. Pine
3. NAME OF DECEASED (Type or print) Lettie Mae Jenkerson		First Middle Last	4. DATE OF DEATH Month Day Year Sept. 15 1964
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-4-1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home		10b. KIND OF BUSINESS OR INDUSTRY home	9. AGE (last birthday) 74
11. BIRTHPLACE (City and state or country) Palmer, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Joseph Nipper		13b. MOTHER'S MAIDEN NAME Eliza Belle Wright	
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 Ann Gillam		Address Bonne Terre, Missouri	
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 thromboses Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sensitivity DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 5 dd.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerotic heart disease			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 checked="" 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 Sept 5, 1964 to Sept 13, 1964 and last saw her alive on Sept 14, 1964 Death occurred at 25th Ave on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R. A. Huckstep		22b. ADDRESS Fermington, MO	22c. DATE SIGNED 9/17/64
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-17-1964	23c. NAME OF CEMETERY OR CREMATORY Palmer Cemetery	23d. LOCATION (City, town, or county) (State) Rt. 2 Potosi, Missouri
24. FUNERAL DIRECTOR Donald Sparks		ADDRESS Potosi, Missouri	25. DATE RECD. BY LOCAL REG. Sept. 17, 1964
26. REGISTRAR'S SIGNATURE Ether Redloff			

USE BLACK INK OR TYPEWRITER RIBBON

