

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043100

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 371 Primary Registration District No. 6259 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY WEBSTER	
b. CITY OR TOWN EAST BENTON (If outside corporate limits, give TOWNSHIP only) Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN FORDLAND 11 20 0 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION FORDLAND, RT 1 Length of stay in 1b 1 yr		d. STREET ADDRESS (If outside, give location) RT 1 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last ELLA MAE JENKINS (Type or print)			4. DATE OF DEATH Month Day Year NOV 15 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 30-1917
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and state or country) WEBSTER CO MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Will HOLMES		13b. MOTHER'S MAIDEN NAME Alice BURKS	14. NAME OF HUSBAND OR WIFE RAY JENKINS
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. 492-40-8529	17. INFORMANT Address Roy Jenkins, Fordland, MO
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Extensive malignancy of abdomen DUE TO (b) Primary of Pancreas - Surgery (9/9/58) DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 157X
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
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 Month, Day, Year -a.m. p.m.			
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 Death occurred at 8/29/58 to 11/15/58 and last saw her alive on 9/24/58 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Roland Langston M.D. (Degree or title)		22b. ADDRESS Springfield	22c. DATE SIGNED 11/25/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE NOV-18-1958	23c. NAME OF CEMETERY OR CREMATORY SPRING HILL CEMETERY	23d. LOCATION (City, town, or county) CHRISTIAN CO MO (State)
24. FUNERAL DIRECTOR Kelley-Ferrell-CONNER FORDLAND, MO ADDRESS		25. DATE RECD. BY LOCAL REG. Dec 3, 1958	26. REGISTRAR'S SIGNATURE Opal M. Good

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Secretary, coroner, etc., may use only standard terminology in item 18. NO symptoms with de 11578. All diseases in Part I must be causally related.

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 *Don L. Fowler* .....

Licensed Embalmer No. *4847* .....  
P. O. Address *Manassas, Va.* .....

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.