

No. 300  
10-28

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21093**

M. J. K. 02604 0

JUN 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3616** Registrar's No. **174**

1. PLACE OF DEATH a. COUNTY <b>Cole</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Jefferson City</b>	
c. LENGTH OF STAY (In this place) <b>7 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>301 Marshall</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Marys Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) <b>David</b> c. (Last) <b>Jenkins</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 24, 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 3, 1909</b>	9. AGE (In years last birthday) <b>43</b>	10. MONTHS <b>9</b>	11. DAYS <b>21</b>	12. IF UNDER 1 YEAR Hours <b>0</b> Mins. <b>0</b>
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10a. USUAL OCCUPATION (Only kind of work done during most of working life, even if retired) <b>Construction Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>High Point, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
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13a. FATHER'S NAME <b>David Orville Jenkins</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Elizabeth Smith</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs Hazel Jenkins</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes World War 2</b>		16. SOCIAL SECURITY NO. <b>495-12-1253</b>		17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS <b>Mrs Hazel Jenkins Jefferson Cit</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <b>Injuries, multiple fractures</b>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Trauma due to auto accident</b> DUE TO (c) <b>accident</b>						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <b>accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) <b>near Marion Mo.</b>	21c. (CITY, TOWN, OR TOWNSHIP) COUNTY STATE <b>Jefferson City Cole Missouri</b>
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21d. TIME (Month) (Day) (Year) (Hour) <b>6-23-53 8:00</b>	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR <b>Auto accident</b>
WHOLE AT WORK <input type="checkbox"/>	NOT WHOLE AT WORK <input checked="" type="checkbox"/>	

22. I hereby certify that I attended the deceased from **5:20-23-53**, to **10-24-53**, that I last saw the deceased alive on **6-24-53**, and that death occurred at **2:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>W. H. McKeely M.D.</b>	23b. ADDRESS <b>Jefferson City, Mo.</b>	23c. DATE SIGNED <b>6-24-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 26, 1953</b>	24c. NAME OF CEMETERY OR OPERATORY <b>New Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Marion Mo.</b>
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DATE REC'D BY LOCAL REG. <b>June 25-53</b>	REGISTRAR'S SIGNATURE <b>R. P. Davis M.D. MR</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Victor Beecher Jefferson City Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE LEGIBLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

W. H. McKeely M.D. 7/1/53

JUL 14 1953

AUG 6 1953

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: .....  
Student Embalmer

Signed

*Victor Buescher*

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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 this body is not embalmed, fact should be so stated above.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. 21093

County of Cole ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 174

On this 13<sup>th</sup> day of July, 1953, before me appears

Victor Buescher, who, upon his oath, states that the original record of <sup>birth</sup>~~death~~ for Ernest David Jenkins, <sup>died</sup>~~born~~ June 24, 1952, in the State of Missouri, and which was filed at Jefferson City on 6-29, 1953, should be corrected as follows:

Item No. 13-a should read David Oswille Jenkins

Instead of unk.

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victor Buescher

Relationship.

Present Address.

Subscribed and sworn to before me this 13<sup>th</sup> day of July, 1953

My Commission expires June 7, 1954 Matilda Sonnen Notary Public.

Affidavits containing erasures will not be accepted.

1953  
S-21093