

FILED OCT 18 1955

## STANDARD CERTIFICATE OF DEATH

State File No. 34485

BIRTH NO. <u>134</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>3059</u>		Registrar's No. <u>286</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Francois</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Bonne Terre</u>		c. LENGTH OF STAY (In this place) <u>24 hr.</u>		c. CITY OR TOWN <u>Desloge</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>102 4th street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>			b. (Middle)			c. (Last) <u>Jinkerson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1955</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10/12/1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>23</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Minner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>St. Joe Lead</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>	
13a. FATHER'S NAME <u>Sherlock Jinkerson</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Blade</u>			14. NAME OF HUSBAND OR WIFE <u>Stella Jinkerson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Stella Jinkerson Desloge, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				5 days	
		DUE TO (b) <u>acute cardiac failure</u> DUE TO (c) <u>chronic myocarditis</u>					
19a. DATE OF OPERATION		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arterio-sclerosis generalized</u>				Interval <u>four years</u>	
19b. MAJOR FINDINGS OF OPERATION		19c. DATE OF OPERATION <u>4221</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>9/2/50</u> , 19 <u>50</u> , to <u>10/5</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10/5</u> , 19 <u>55</u> , and that death occurred at <u>9:00</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Jones M.D.</u>				23b. ADDRESS <u>Flat River, Mo</u>		23c. DATE SIGNED <u>10/11/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 11, 1955</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Z. Boyer &amp; Son</u>		ADDRESS <u>Desloge, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *B. T. Boyer*.....

Licensed Embalmer No. *36*.....

P. O. Address *Desloge,*.....

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.