

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043856

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. \_\_\_\_\_ Registrar's No. 487

FILED NOV 20 1962

VS 300  
Rev. 4/59

6940

8940

3

4 0

5 1

6

7 0

8 2

9205X

10

11

1270-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Desloge</u>   |   | Length of stay in 1b<br><u>21 years</u>   | c. CITY OR TOWN <u>Desloge</u><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br><u>At Home</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>101 N 6th. Street</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Norman</u> Middle <u>(Bud)</u> Last <u>Jinkerson</u>  |   |   | 4. DATE OF DEATH<br>Month <u>November</u> Day <u>16</u> Year <u>1962</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar. 13, 1888 - 74</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Miner</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Lead Mining</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Washington Co. Mo</u>   |
| 13a. FATHER'S NAME<br><u>Wm. Sherlock Jinkerson</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Sara Jane Blade</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>Ellen Jinkerson</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>494 05 1701-A</u>  |  |
| 17. INFORMANT<br><u>Eunice Edwards, Nashville, Tenn.</u>  |   | Address   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Mycoses Fungoides</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yr</u>  |
| DUE TO (b) _____  |   |   |  |
| DUE TO (c) _____  |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>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<br><u>1960</u>   | COUNTY _____ STATE _____   |
| 21. I attended the deceased from <u>1960</u> to <u>1962</u> and last saw him alive on <u>Nov 10, 1962</u><br>Death occurred at <u>8:10 A</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Kerraker M.D.</u>  |   | 22b. ADDRESS<br><u>Farmington, Mo</u>   | 22c. DATE SIGNED<br><u>Nov 16/62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>11/19/1962</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Parkview Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Farmington, Mo.</u>  |
| 24. FUNERAL DIRECTOR<br><u>C.Z. Boyer &amp; Son Desloge, Mo</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>Nov. 14, 1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>C Esther Rudloff</u>   |

USE BLACK INK OR TYPEWRITER RIBBON

NOV 26 1962

**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. 3660

P. O. Address Desloge, Missouri

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.