

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-016410**  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 49

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. <b>FILED MAY 1 1962</b> PLACE OF DEATH a. COUNTY <u>Ray</u>		2. <b>USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond TWSP</u> Length of stay in lb <u>3 days</u>		c. CITY OR TOWN <u>Richmond</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Elm Park Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>North College</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. <b>NAME OF DECEASED</b> (Type or print) First Middle Last <u>Frank William Enloe</u>			4. <b>DATE OF DEATH</b> Month Day Year <u>April 20 1962</u>
5. <b>SEX</b> <u>Male</u>	6. <b>COLOR OR RACE</b> <u>White</u>	7. <b>Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	8. <b>DATE OF BIRTH</b> <u>12-16-1882</u>
9. <b>AGE</b> (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>4</u>	IF UNDER 24 HR Hours <u>4</u> Min. <u></u>
10a. <b>USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farm labor</u>		10b. <b>KIND OF BUSINESS OR INDUSTRY</b> <u>unknown</u>	11. <b>BIRTHPLACE</b> (City and state or country) <u>Grafton, Illinois</u>
12. <b>CITIZEN OF WHAT COUNTRY</b> <u>USA</u>		13a. <b>FATHER'S NAME</b> <u>Frank Enloe, Sr.</u>	
13b. <b>MOTHER'S MAIDEN NAME</b> <u>Dovie Green</u>		14. <b>NAME OF HUSBAND OR WIFE</b> <u>Never married</u>	
15. <b>WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. <b>SOCIAL SECURITY NO.</b> <u>unknown</u>	17. <b>INFORMANT</b> Address <u>now name Lexington mo</u>
18. <b>CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. <b>DEATH WAS CAUSED BY:</b>			INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>
IMMEDIATE CAUSE (a) <u>Cor pulmonale</u>			
DUE TO (b) <u>Pulmonary fibrosis</u>			
DUE TO (c) <u>!</u>			<u>unknown</u>
PART II. <b>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. <b>WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. <b>ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	20b. <b>DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
20c. <b>TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.	20d. <b>INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	20e. <b>PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. <b>CITY, TOWN, OR LOCATION</b> COUNTY STATE
21. I attended the deceased from <u>2-22-62</u> to <u>4-20-62</u> and last saw <sup>her</sup> him alive on <u>4-17-62</u> Death occurred at <u>12:50</u> <u>A</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. <b>SIGNATURE</b> (Degree or title) <u>J. Riley MD</u>		22b. <b>ADDRESS</b> <u>Richmond, Mo.</u>	22c. <b>DATE SIGNED</b> <u>4-21-62</u>
23a. <b>BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	23b. <b>DATE</b> <u>4-21-1962</u>	23c. <b>NAME OF CEMETERY OR CREMATORY</b> <u>Richmond Memory Garden</u>	23d. <b>LOCATION</b> (City, town, or county) (State) <u>Richmond Missouri</u>
24. <b>FUNERAL DIRECTOR</b> ADDRESS <u>Thomas J. Carter, Richmond, Mo.</u>		25. <b>DATE RECD. BY LOCAL REG.</b> <u>4-25-1962</u>	26. <b>REGISTRAR'S SIGNATURE</b> <u>Malcol Jackson</u>

**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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.