

No. 300  
10-48

660

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 28 1950

State File No. 9656

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5780 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY OR TOWN RURAL - SALINE	c. LENGTH OF STAY (in this place) Lifetime	c. CITY OR TOWN RURAL - SALINE 0609	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 mi N-E - OLEAN		d. STREET ADDRESS (If rural, give location) 2 1/4 mi N-E - OLEAN 0	

3. NAME OF DECEASED (Type or Print)	a. (First) LAURA	b. (Middle) ALICE	c. (Last) ENLOE	4. DATE OF DEATH (Month) (Day) (Year) March - 11 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 11 Sept - 1896	9. AGE (In years last birthday) 53	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours
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10a. USUAL OCCUPATION (What kind of work done during most of working life, even if retired) HOUSE-WIFE	10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (State or foreign country) Miller-Co Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Thomas-A-McKinney	13b. MOTHER'S MAIDEN NAME ELLEN-STEVENSON	14. NAME OF HUSBAND OR WIFE Wade ENLOE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Wade-ENLOE	ADDRESS OLEAN Mo
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		INTERVAL BETWEEN ONSET AND DEATH 3 days  15 yrs.  592X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis Chronic		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) none
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none	21f. HOW DID INJURY OCCUR? none
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22. I hereby certify that I attended the deceased from July 1942, to March 11, 1950, that I last saw the deceased alive on Mar 11, 1950, and that death occurred at 9:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE M. E. Humphreys, D.O.	(Degree or title)	23b. ADDRESS Tusculum Mo	23c. DATE SIGNED 12 March 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 13 March 50	24c. NAME OF CEMETERY OR CREMATORY ALLEN-Cem	24d. LOCATION (City, town, or county) (State) OLEAN Miller Mo
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DATE REC'D BY LOCAL REG. MAR 13 '50	REGISTRAR'S SIGNATURE O. W. Walz	192	25. FUNERAL DIRECTOR'S SIGNATURE Faith M. Hays	ADDRESS ELDON Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED MAR 24 1960  
District Health Officer No. 9  
District File Number

**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 *Fulton McKays*

Licensed Embalmer No. 3998

P. O. Address Eldon 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.