

FILED OCT 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29460

State File No.

BIRTH NO. 29352-50 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1083

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place) <u>2 mos.</u>	c. CITY OR TOWN <u>St. Joseph</u> 0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>402 So. 16th Street</u>		d. STREET ADDRESS (If rural, give location) <u>402 So. 16th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Enyard</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 23 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>2 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>7 9 1930</u>	9. AGE (In years last birthday) <u>2</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John James</u>	13b. MOTHER'S MAIDEN NAME <u>Gladye Enyard</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gladye Enyard</u>	ADDRESS <u>402 So. 16th St.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>1 mo.</u> <u>7720</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute intestinal obstruction</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Mal Nutrition</u> 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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>drived</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I ~~examined~~ the deceased on 9/23, 1950, to 19, that I last saw the deceased alive on 19, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Meinders M.D. Coroner 3</u>	23b. ADDRESS <u>St. Joseph Mo</u>	23c. DATE SIGNED <u>9/23/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-25-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 27, 1950</u>	REGISTRAR'S SIGNATURE <u>G. L. Jenkins</u> 382	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Alexander</u>	ADDRESS <u>St. Joseph, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117
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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.

Signed Wm. H. Alexander

Signed _____
Student Embalmer

Licensed Embalmer No. 4450

P. O. Address St. Joseph, 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.