

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39544

State File No. _____

1000
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BIRTH NO. _____ REG. DIST. NO. 330 PRIMARY REG. DIST. NO. 112A Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KELSO</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>BENTON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>IN AN AMBULANCE ON HIWAY #61</u>		d. STREET ADDRESS (If rural, give location) <u>Benton</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BAPTIST</u> c. (Last) <u>ENDERLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 21 1950</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>AUGUST 7 1862</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOSEPH ENDERLE</u>		13b. MOTHER'S MAIDEN NAME <u>JOHANNA GOSCHE</u>	14. NAME OF HUSBAND OR WIFE <u>LOUISE ENDERLE</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>BEN J. ENDERLE COMMERCE, MO.</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sepsis</u> ANTECEDENT CAUSES DUE TO (b) <u>Generalized Peritonitis</u> DUE TO (c) <u>Obstruction of Ileum</u> 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	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>576X</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) (Min.)	
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>Nov. 20, 1950</u> , to <u>Nov. 21, 1950</u> , that I last saw the deceased alive on <u>Nov. 21, 1950</u> , and that death occurred at <u>12:55 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. P. Bregan D.O.</u>		23b. ADDRESS <u>Benton, Missouri</u>	23c. DATE SIGNED <u>Nov. 24, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>NOV. 24 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustine</u>	24d. LOCATION (City, town, or county) (State) <u>KELSO SCOTT COUNTY MO.</u>
DATE REC'D BY LOCAL REG. <u>12-7-50</u>	REGISTRAR'S SIGNATURE <u>300</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>ORAN, MO.</u>	

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

RECEIVED DEC 8 1950

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1250-175

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}.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Earl P. Smith.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2676.....

P. O. Address ORAN, 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.