

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12997
Registrar's No. 88

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Gasper</u>	
b. CITY OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Sarcosyl 0490</u>	
c. LENGTH OF STAY (in this place) <u>1 hr</u>		d. STREET ADDRESS (If rural, give location) <u>MO 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McLine Brooks Hosp</u>			
3. NAME OF DECEASED a. (First) <u>Enelina</u> b. (Middle) <u>Coker</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>4-10-51</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3-16-1892</u>
9. AGE (In years last birthday) <u>59</u>		9. AGE (In years last birthday) <u>59</u>	10. KIND OF BUSINESS OR INDUSTRY <u>at home</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joel Clapper Sarcosyl MO</u> ADDRESS _____
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>Cancer of stomach</u> INTERVAL BETWEEN ONSET AND DEATH <u>67MO.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		<u>151X</u>	
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) _____		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>2-5-1951</u> , to <u>4-10-1951</u> , that I last saw the deceased alive on <u>5-10-1951</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Wood</u> (Degree or title) _____		23b. ADDRESS <u>Sarcosyl MO</u>	
23c. DATE SIGNED <u>4-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-12-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sarcosyl Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcosyl MO</u>	
DATE REC'D BY LOCAL REG. <u>4-12-51</u>		REGISTRAR'S SIGNATURE <u>L B Clinton</u> 134	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>		ADDRESS <u>Sarcosyl MO</u>	

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

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RECEIVED 4-17-51
Jasper County Health Office

County File Number 51-4-324

Date Filed 4-17-51

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcopie 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.