

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22475

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 5301 Registrar's No. 59

250  
1

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

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Shoak</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-Shoak</u>	
c. LENGTH OF STAY (in this place) <u>44 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>1/2 mile west city limits.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 mile west-city limits.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAUDE</u> b. (Middle) <u>MAY</u> c. (Last) <u>ENSLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-13-51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>April 28-1876</u>		9. AGE (In years last birthday) <u>75</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 YEAR Hours Min.		12. IF UNDER 1 YEAR Hours Min.		13. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>Geo. Cline</u>		13b. MOTHER'S MAIDEN NAME <u>Hydia Hobennett</u>	
14. NAME OF HUSBAND OR WIFE <u>CW ENSLAND</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>NO.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Walter Ensland</u>		17. ADDRESS <u>Cameron, Mo.</u>		18. CAUSE OF DEATH	

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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u> <u>2 yr.</u> <u>1 day</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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 8-2-1947 to 7-13-1951, that I last saw the deceased alive on 7-13-1951 and that death occurred at 1:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter Ensland</u> (Degree or title)		23b. ADDRESS <u>Cameron, Mo.</u>		23c. DATE SIGNED <u>7-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-15-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>	
24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. ...</u>		25. ADDRESS <u>Home Cameron Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-17-51</u>		REGISTRAR'S SIGNATURE <u>Winifred W. Moser</u>		348	



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 Robert H. Poland

Licensed Embalmer No. 417114

P. O. Address 222 West 3rd St. Cameron, 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.