

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4961**  
**852**

FILED MAR 8 1952

BIRTH NO.		REG. DIST. NO. <b>149</b>	PRIMARY REG. DIST. NO. <b>1002</b>	Registrar's No.
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>KANSAS CITY</b>		
c. LENGTH OF STAY (in this place) <b>2 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>1336 KENSINGTON</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST MARYS HOSPT</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b>		b. (Middle) <b>CLEVELAND</b>		c. (Last) <b>ENLOW</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>2-22-52</b>				
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JAN. 29-1885</b>	9. AGE (In years last birthday) <b>67</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>ILLINOIS</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>				
13a. FATHER'S NAME <b>JOHN ENLOW</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>CELIA MAE ENLOW</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-07-9204</b>		17. INFORMANT'S SIGNATURE OR NAME / 336 ADDRESS <b>CELIA M. ENLOW KENSINGTON, MO.</b>
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) <b>Posterior myocardial infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 hr</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Coronary artery heart disease</b>		DUE TO (c)		<b>30 day</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>		
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) <b>NO</b>		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) m.		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 <b>Feb 21, 1952</b> , to <b>Feb 22, 1952</b> , that I last saw the deceased alive on <b>Feb 22, 1952</b> , and that death occurred at <b>7:21 P. m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Leo A. O'Brien</b>		23b. ADDRESS <b>m-d. 1002 arroyo K.C. mo</b>		23c. DATE SIGNED <b>2-22-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>2-23-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HANNIBAL</b>
24d. LOCATION (City, town, or county) (State) <b>MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE-McCLURE</b>		
DATE REC'D BY LOCAL REG. <b>2-23-52</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		ADDRESS <b>K.C. MO.</b>

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1953

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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *K. C. Me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.