

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 16439  
2124

JUN 7 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON /		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) 5708 OR TOWN KANSAS CITY 0	
c. LENGTH OF STAY (In this place) 39 YEARS		d. STREET ADDRESS (If rural, give location) 3946 ROANOKE ROAD 70	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3946 ROANOKE ROAD			

3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE O. b. (Middle) ENQUIST c. (Last)			4. DATE (Month) (Day) (Year) OF DEATH MAY 8, 1952		
5. SEX FEMALE /		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	
8. DATE OF BIRTH 8/19/1886		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY SELF		11. BIRTHPLACE (City and State or Foreign Country) KANSAS /	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME GEORGE HARFORD		13b. MOTHER'S MAIDEN NAME LULU —	
14. NAME OF HUSBAND OR WIFE CARL T. ENQUIST		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MR. CARL T. ENQUIST		18. ADDRESS K.C.MO.			

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) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH	
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.		<i>Old Cerebral Hemorrhage</i>		4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>natural</i>		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) <i>Hugh H. Owens, M.D.</i>		23b. ADDRESS 1034 Walnut Blvd		23c. DATE SIGNED 5-9-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 5/10/1952		24c. NAME OF CEMETERY OR CREMATORY forest hill cemetery	
24d. LOCATION (City, town, or county) KANSAS CITY, MISSOURI		24e. (State)			

DATE REC'D BY LOCAL REG. 5-9-52		REGISTRAR'S SIGNATURE <i>Seraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GATES FUNERAL HOME, KANSAS CITY, KANSAS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *Jimmy S. Huberman*  
Licensed Embalmer No. *4092*

P. O. Address: *Mission, Kan.*

**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.