

S. No. 300
v. 10.45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30666

State File No.

FILED OCT 14 1952

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 81

1. PLACE OF DEATH a. COUNTY <u>Bunny</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pierson City</u> <u>0550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Vincent's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>101 Phelps</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Grove</u> c. (Last) <u>Enistoe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> <u>1</u> <u>52</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>6/13/1866</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manager</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Enipe Electric Co</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Mark Enistoe</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Pannis</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel Enistoe deceased</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>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rae Rice Hattisburg, Pa.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> 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"/>
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) <u>443X</u>
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>9-10-52</u> to <u>10-1-52</u> , that I last saw the deceased alive on <u>10-1-52</u> , and that death occurred at <u>4:30P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Edwards M.D.</u>		23b. ADDRESS <u>Monett Mo</u>	23c. DATE SIGNED <u>10-4-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>10/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Commons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO</u>
DATE REC'D BY LOCAL REG. <u>Oct. 4, 1952</u>	REGISTRAR'S SIGNATURE <u>Oliver A. Warrington</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James J. Wessell Pierson City Mo.</u>	

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

2051
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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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monro, 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.