

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41559**

FILED JAN 12 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1398

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>2301 Sacramento St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Enos</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 30, 1952</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>1890</b> <b>March 29, 1897</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>plumbing &amp; heating Co.</b>	9. AGE (In years last birthday) <b>62</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 48 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>UNK.</b>	13b. MOTHER'S MAIDEN NAME <b>UNK.</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes W. W. #1</b>	16. SOCIAL SECURITY NO. <b>498-24-5630</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Gertrude Enos, 2301 Sacramento St. Joseph, Mo.</b>	ADDRESS <b>St. Joseph, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>9 hours</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Coronary Arteriosclerosis</b> <b>17 1/2 months</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4/20/</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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20. 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)
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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?
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22. I hereby certify that I attended the deceased from **12-29-52**, 19\_\_\_\_, to **12-30-52**, 19\_\_\_\_, that I last saw the deceased alive on **12-29-52**, 19\_\_\_\_, and that death occurred at **1:00a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. Senne MD</b>	23b. ADDRESS <b>207 P+3 Bldg. St. Joseph, Mo.</b>	23c. DATE SIGNED <b>12-30-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>1/2/1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Jan 8, 1953</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casper</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hester-Bowman Funeral Home</b>	ADDRESS <b>St. Joseph, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Case by Dr. Senne

EXPIRES 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 P. W. Edmister

Licensed Embalmer No. 4791

P. O. Address 314 So. 11 St. Joplin

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.

State of Missouri

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

State File No. 41559 952

County of Rehoboth } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1398

On this 15 day of February, 1954, before me appears Gertrude M. Enos, who, upon her oath, states that the original record of <sup>birth-</sup>death for Charles Allen Enos, died December 30, 1952, in the State of Missouri, and which was filed at \_\_\_\_\_ on \_\_\_\_\_, 19\_\_\_\_, should be corrected as follows:

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 8 should read March 29, 1890

Instead of \_\_\_\_\_ March 29, 1892

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. 9 should read 62

Instead of \_\_\_\_\_ 60

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Gertrude M. Enos Wife  
Relationship.

2301 Sacramento St. St. Joseph, Mo  
Present Address.

Subscribed and sworn to before me this 15 day of February, 1954.

My Commission Expires Nov. 3, 1956

Judy P. Balust Notary Public.

Accepted, drew one line through error and write above it.

