

STANDARD CERTIFICATE OF DEATH

12966

FILED APR 3 1953

State File No.

BIRTH NO. REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 3073 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Scott b. CITY OR TOWN Chaffee c. LENGTH OF STAY 34 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION At Home

2. USUAL RESIDENCE (Where deceased lived.) a. STATE Mo b. COUNTY Scott c. CITY OR TOWN Chaffee d. STREET ADDRESS 408 W Parker

3. NAME OF DECEASED a. (First) Sarah b. (Middle) Katherine c. (Last) Enghe 4. DATE OF DEATH Mar. 16. 1953

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed 8. DATE OF BIRTH Apr. 10, 1865 9. AGE 87

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY - 11. BIRTHPLACE Elizabethtown Ky 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jaet Shinkard 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Wm. Enghe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Osbon Grayam ADDRESS Chaffee Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial Deкомпensation 3 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis, nephrosis 3 yrs. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral thrombosis 6 wks.

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES [] NO [x]

21a. ACCIDENT SUICIDE HOMICIDE natural (Specify) 21b. PLACE OF INJURY none 21c. (CITY, TOWN, OR TOWNSHIP) none (COUNTY) none (STATE) none

21d. TIME OF INJURY none 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR 4221

22. I hereby certify that I attended the deceased from OCT 1951, to March, 1953, that I last saw the deceased alive on 3-15, 1953, and that death occurred at 10 A. m., from the causes and on the date stated above.

23a. SIGNATURE H. J. Rosebach, D.O. 23b. ADDRESS Chaffee, Mo. 23c. DATE SIGNED 3-17-53

24a. BURIAL CREMATION REMOVAL Burial 24b. DATE 3-18-1953 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK 24d. LOCATION Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. 3-17-53 REGISTRAR'S SIGNATURE Mrs. Fred Bisplinghoff 25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home ADDRESS Chaffee Mo

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

RECEIVED 3-20-53
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 353-72

DEC 15 1959

DEC 16 1959

DEC 16 1959

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Jack J. Burnett

Licensed Embalmer No. 4472

P. O. Address Chaffee, Missouri

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.