No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13685

FILED APR 28 1953

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 5302 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville Clark
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Russellville Clark
d. STREET ADDRESS (If rural, give location): Rural, 0269

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): A
c. (Last): ENLOE

4. DATE OF DEATH (Month) (Day) (Year): APR. 25-53.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: FEB. 10-1873.
9. AGE (In years last birthday): 80 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Russellville Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Isaac Enloe.
13b. MOTHER'S MAIDEN NAME: Clemie Campbell
14. NAME OF HUSBAND OR WIFE: ~~Jack Enloe~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Isaac Enloe — ADDRESS: Eugene 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

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.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4200
20. AUTOPSY: YES ☐ NO ☐

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 28, 1948, *to* Mar 18, 1953, *that I last saw the deceased alive on* Mar 18, 1953, *and that death occurred at* 5:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl L. Loyd, M.D.
23b. ADDRESS: Jeff. City, Mo.
23c. DATE SIGNED: 4/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-53.
24c. NAME OF CEMETERY OR CREMATORY: Mt Carmel Cem
24d. LOCATION (City, town, or county) (State): Russellville Mo

DATE REC'D BY LOCAL REG.: April 26-53
REGISTRAR'S SIGNATURE: Mrs. T. L. Glover
25. FUNERAL DIRECTOR'S SIGNATURE: G. Stephens — ADDRESS: Russellville Mo

(Licensed Embalmer's Statement on Reverse Side)

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 G. N. Steffen

Licensed Embalmer No. 2507

P. O. Address Russellville Ma

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.