

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

BIRTH NO. FILED MAR 8 1954		REG. DIST. NO. 42	PRIMARY REG. DIST. NO. 1000	Registrar's No. 233
1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		
c. LENGTH OF STAY (in this place) 30 yrs		d. STREET ADDRESS (If rural, give location) 3312 Jackson Street		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3312 Jackson Street		11. BIRTHPLACE (State or foreign country) Du Bois, Pennsylvania.		
3. NAME OF DECEASED (Type or Print) a. (First) Franklin		b. (Middle) Booth		c. (Last) Enterline
4. DATE OF DEATH (Month) (Day) (Year) February 25, 1954		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH January 19, 1893
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired traveling Salesman		10b. KIND OF BUSINESS OR INDUSTRY Electric Co.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel Enterline		13b. MOTHER'S MAIDEN NAME -Unknown- Booth		14. NAME OF HUSBAND OR WIFE Beatrice M. Enterline
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 491-09-5298		17. INFORMANT'S SIGNATURE OR NAME Mrs. Beatrice M. Enterline ADDRESS St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Serious thrombosis ANTECEDENT CAUSES DUE TO (b) Atherosclerosis DUE TO (c) Rheumatoid Arthritis 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 4201		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)
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?
22. I hereby certify that I attended the deceased from 2/1 , 19 54 to 2/25 , 19 54 , that I last saw the deceased alive on 2/25 , 19 54 , and that death occurred at 5:20 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dr. C. Benson M.D.		23b. ADDRESS St. Joseph, Mo. 510. Cor. W. 2nd St.		23c. DATE SIGNED 2/26/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 1, 1954		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE Meierhoff & Son - St. Joseph, Mo. ADDRESS St. Joseph, Mo.		
DATE REC'D BY LOCAL REG. Mar 4, 1954		REGISTRAR'S SIGNATURE Lothar M. Allison		

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 27 1961

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

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, 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.