

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34431

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>LACLEDE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>MILLER</u>	
b. CITY OR TOWN <u>LEBANON</u> c. LENGTH OF STAY (in this place) <u>1 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EIDON</u> <u>2666</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Young Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>-</u> c. (Last) <u>ENLOE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Aug. 18, 1863</u>
9. AGE (In years last birthday) <u>91</u>	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) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>LEVI CAMPBELL</u>	13b. MOTHER'S MAIDEN NAME <u>HARRIETT FRANCIS</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas M. Enloe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONIE</u>	17. INFORMANT'S SIGNATURE OR NAME & ADDRESS <u>G. R. Stark</u> <u>Manqu, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis and myocardial degeneration</u> 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.		INTERVAL BETWEEN ONSET AND DEATH <u>(?)</u>
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>Lebanon, Miller, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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>Oct 1, 1954</u> , to <u>Oct 15, 1954</u> , that I last saw the deceased alive on <u>Oct 15, 1954</u> , and that death occurred at <u>12:00 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. E. Harrell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Lebanon, Mo.</u>	23c. DATE SIGNED <u>10-18-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>Oct. 17, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell</u>	24d. LOCATION (City, town, or county) (State) <u>Barnes, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-19-1954</u>	REGISTRAR'S SIGNATURE <u>Hella L. Gray</u> <u>424</u>	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Louis P. Phillips</u> <u>Eidson</u>	

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

5324

Received **OCT 23 1954**
Laclede County Health Unit
File No. 10-54-166
Date Filed OCT 23 1954

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 Louis D. Phillips
Licensed Embalmer No. 3163
P. O. Address Cedars

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.