

FILED JAN 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41775

State File No.

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 2804 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY Monroe
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paris Rural c. LENGTH OF STAY (In this place) 3 yrs
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pleasant View Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Monroe
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Madison 0690
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Leatrice b. (Middle) Enochs c. (Last) Unert
4. DATE OF DEATH (Month) (Day) (Year) 12-31-1954

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 8. DATE OF BIRTH 8/23/1874 9. AGE (In years last birthday) 80 4 MONTHS 4 DAYS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY at home 11. BIRTHPLACE (State or foreign country) Madison Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Andrew Mackenzie Enoch 13b. MOTHER'S MAIDEN NAME Edith Smith 14. NAME OF HUSBAND OR WIFE Marion Unert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Frank Clark ADDRESS Madison

18. CAUSE OF DEATH Enter one or more 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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis INTERVAL BETWEEN ONSET AND DEATH 2 Days
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 331 X 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) _____ 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 12-29, 1954 to 12-31, 1954 that I last saw the deceased alive on 12-31, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Geo M. Huppel MD 23b. ADDRESS Paris Mo 23c. DATE SIGNED 12-31-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 1/2/55 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Madison MO

DATE REC'D BY LOCAL REG. 1-10-55 REGISTRAR'S SIGNATURE F. L. Barnett, M.D. 4135-C FUNERAL DIRECTOR'S SIGNATURE W. A. Thompson ADDRESS Madison

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

6904

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 Maxwell G. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. 3289

P. O. Address Madisonville

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.