

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 7 1955 STANDARD CERTIFICATE OF DEATH

State File No. **26147**
3621

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City	c. LENGTH OF STAY (in this place) 31 YEARS	c. CITY OR TOWN KANSAS City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 805 WEST MEYER BLVD.		e. STREET ADDRESS (If rural, give location) 4420 ROANOKE PKWAY 3718	

3. NAME OF DECEASED (Type or Print) a. (First) MAYME b. (Middle) ELIZABETH c. (Last) ENSLER			4. DATE OF DEATH (Month) (Day) (Year) August 16 1955		
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH AUGUST 3, 1880	9. AGE (In years last birthday) 75	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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) SLATER, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FREDERICK W. KOCH		13b. MOTHER'S MAIDEN NAME HERMENA GRITZNER		14. NAME OF HUSBAND OR WIFE JOHN W. ENSLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GEORGE ENSLER, 805 W. MEYER BLVD. K.C. 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		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Renal Trauma from falls DUE TO (c) Causing Fat necrosis of lip - 4 days		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension in occiput due to obesity & cerebral hyperemia Mitral Stenosis with Judgement		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION rhumbic heart disease		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	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 **May 1, 1955**, to **August 16, 1955**, that I last saw the deceased alive on **August 16, 1955**, and that death occurred at **2 A** m., from the causes and on the date stated above.

23a. SIGNATURE Arnold V. Arms (Degree or title) D		23b. ADDRESS 4635 Wagonwheel K City Mo		23c. DATE SIGNED 8/16/55	
24a. BURIAL CREMATION (REMOVAL) (Specify) BURIAL	24b. DATE AUG. 18, 1955	24c. NAME OF CEMETERY OR CREMATORY OAKLAND CEMETERY	24d. LOCATION (City, town, or county) (State) MOBERLY MISSOURI		
DATE REC'D BY LOCAL REG. 8-17-55		REGISTRAR'S SIGNATURE New Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Newcomer's Sons, Kansas City, Mo.	

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

12-05-5-2-

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.....
Signature of Student Embalmer

Signed *Richard L. Rogers*.....

Licensed Embalmer No. *49*.....

P. O. Address *Albany, N.Y.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.