

FILED NOV 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37140**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>4239</u>		Registrar's No. <u>195</u>	
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 Lee's Summit		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lee's Summit		7:00/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 Cooper Street				d. STREET ADDRESS (If rural, give location) 300 Cooper Street			
3. NAME OF DECEASED (Type or Print) Milburn Oral			a. (First) Oral			b. (Middle)	
			c. (Last) Ensworth			4. DATE OF DEATH Nov. 19, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 18, 1903	
				9. AGE (In years last birthday) 52		IF UNDER 1 YEAR Months Days	
				10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Forman		11. BIRTHPLACE (State or foreign country) Mo. Adrain, Missouri	
		10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone Co.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Irvin Ensworth			13b. MOTHER'S MAIDEN NAME Dollie Burton			14. NAME OF HUSBAND OR WIFE Mabel Ensworth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 510-03-3550		17. INFORMANT'S SIGNATURE OR NAME Mabel Ensworth, Lee's Summit, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney with metastases to lung and brain.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) long and brain.					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X					
19a. DATE OF OPERATION 3-20-54		19b. MAJOR FINDINGS OF OPERATION Large Carcinoma of Rt. Kidney				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)		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 3-15, 1954 , to 11-19, 1955 , that I last saw the deceased alive on 11-19, 1955 , and that death occurred at 11:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Christ E. Miller M.D.				23b. ADDRESS Lee's Summit, Mo.		23c. DATE SIGNED 11-20-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1955		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem.		24d. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	
DATE REC'D BY LOCAL REG 11-21-55		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE Langsford Funeral Home, Lee's Summit		ADDRESS Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

MAR 5 1957

REC'D
JAN 11 1957

JAN 25 1957

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 *N. B. Longworth*
Licensed Embalmer No. *4962*
P. O. Address *Leis Summit*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.