

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39873**

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Cap Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cap Girardeau</u>	
b. CITY OR TOWN <u>Cap Girardeau</u>	c. LENGTH OF STAY (in this place or township) <u>12 days</u>	c. CITY OR TOWN <u>Cap Girardeau</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hosp-</u>		STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (First) <u>RAYMOND</u>	b. (Middle) <u>JOHN</u>	c. (Last) <u>ENDERLE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 15, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 21, 1903</u>	9. AGE (in years last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____	IF UNDER 24 HRS. Hours _____	Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Kelso, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John B. Enderle</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Bohogne</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>Don't Know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Herbert Enderle</u> ADDRESS <u>Chaffee, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</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. <u>332X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Nov 4, 1955, to Nov. 15, 1955, that I last saw the deceased alive on Nov. 15, 1955, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Beaumont, M.D.</u> (Degree or title)	23b. ADDRESS <u>24 N. Sprigg - Cap Girardeau, Mo</u>	23c. DATE SIGNED <u>Nov 18-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-18-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Augustines</u>	24d. LOCATION (City, town, or county) (State) <u>Kelso Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-19-55</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u> <u>44-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oppling Hoff</u> ADDRESS <u>General Home Illness</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Olliver Amundson*

Licensed Embalmer No. *44*

P. O. Address *Illness, 1*

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.