

Health,
Welfare
Public
Service

FILED SEP 26 1057

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33826

STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8681**

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kentucky		b. COUNTY McCracken	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri.		c. CITY OR TOWN Paducah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
16 FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital		Length of stay in 1b 12 days		d. STREET ADDRESS 1616 Park Avenue.,	
3. NAME OF DECEASED (Type or print)		First Helen		Middle R.	
		Last McEnery		4. DATE OF DEATH Month September Day 14 Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH September 3, 1907	9. AGE (In years last birthday) 50	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY Jewelry Store		11. BIRTHPLACE (City and state or country) Paducah, Kentucky	
13a. FATHER'S NAME Ragon Rutter		13b. MOTHER'S MAIDEN NAME Melle Holloman		14. NAME OF HUSBAND OR WIFE William McEnery	
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. Unknown		17. INFORMANT Address Barbara Acker, 2012 Jefferson, Paducah, Ky.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema, shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) result of Coronary occlusion DUE TO (c) Rt hemiplegia, result embolus					INTERVAL BETWEEN ONSET AND DEATH 4 hrs 2 hrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma colon splenic flexure removed					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 420.1 H			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 9-4-57 to 9-14-57 and last saw her alive on 9-14-57 Death occurred at 12:15 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Dominic J. Verda M.D.			22b. ADDRESS 4500 Olive		22c. DATE SIGNED 9-14-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-14-57	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) Paducah, Kentucky
24. FUNERAL DIRECTOR Albert H. Hoppe, 4700 Washington Blvd.,		25. DATE RECD. BY LOCAL REG. SEP 16 57		26. REGISTRAR'S SIGNATURE Paul Smith MO	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

m d s

OCT 8

1951

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 *John S. Pennington*

Licensed Embalmer No. *1194*

P. O. Address *St. Louis*

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.