

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039314

STATE FILE NUMBER

DEC 3 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 341

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1311 E. Elm St.		d. STREET ADDRESS (If outside, give location) 1311 E. Elm St.	

3. NAME OF DECEASED (Type or print) First Middle Last Mrs. Barcia Mae Enloe			4. DATE OF DEATH Month Day Year November 27, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 24, 1887	9. AGE (In years last birthday) 71	10. IF UNDER 1 YEAR Months 1 Days 3	11. 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) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Spring Garden Community, Mo. USA	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Jones	13b. MOTHER'S MAIDEN NAME Lena Jones	14. NAME OF HUSBAND OR WIFE Richard Edward Enloe
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NO	16. SOCIAL SECURITY NO. 499-03-1185	17. INFORMANT Mr. R. E. Enloe	Address 1911 E. Elm J.C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>myocardial infarction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 hour</i> <i>Years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>hypertensive cardiac vascular disease</i>	
	DUE TO (c) <i>4201</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <i>Partial hemiplegia due to old cerebro-vascular accident</i>		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.)
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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
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21. I attended the deceased from Death occurred at <i>4-2-57</i> to <i>11-27-58</i> and last saw her <i>live</i> on <i>11-27-58</i> <i>10:30 A. M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Robert H. Pomeroy, M.D.</i>	22b. ADDRESS <i>Jefferson City, Mo.</i>	22c. DATE SIGNED <i>11-28-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov 29, 1958</i>	23c. NAME OF CEMETERY OR CREMATOR <i>Spring Garden Cemetery</i>	23d. LOCATION (City, town, or country) <i>Eugene, Mo.</i>
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24. FUNERAL DIRECTOR <i>Victor Brescher</i>	ADDRESS <i>J. Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>28 Nov. 1958</i>	26. REGISTRAR'S SIGNATURE <i>R.P. Norris, MD-MR.</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

YS SEP 13 1959

NOV 16 1962

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 *Victor Bueser*

Licensed Embalmer No. *370*
P. O. Address *Jemo*

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.