

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1959

59-029758

STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. _____ Registrar's No. 152

1. PLACE OF DEATH a. COUNTY MACON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY MACON	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN ATLANTA		c. CITY OR TOWN ATLANTA	
Length of stay in 1b _____		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If outside, give location) _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First ANNA Middle LOU Last ENYART			4. DATE OF DEATH Month 8 Day 31 Year 1959			
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 1/2/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 7 Days 29 Hours - Min. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and state or country) Independence Township U.S.A.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME ENOCH JOHNSON		13b. MOTHER'S MAIDEN NAME MARtha ANN Steele		
14. NAME OF HUSBAND OR WIFE John ENYART		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		
17. INFORMANT Aldena Corbin - ATLANTA, MO.		Address _____		_____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of Liver		INTERVAL BETWEEN ONSET AND DEATH 6 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	20f. CITY, TOWN, OR LOCATION ATLANTA - MO	COUNTY _____	STATE _____
21. I attended the deceased from Oct 14 1953 to Aug 31-59 and last saw her Aug 31-59 alive on Aug 31-59 Death occurred at 1:00 A.M. on the date stated above, and to the best of my knowledge from the causes stated.			
22a. SIGNATURE (Degree or title) O. L. Edwards		22b. ADDRESS Atlanta Mo	
22c. DATE SIGNED 8-31-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-2-1959	23c. NAME OF CEMETERY OR CREMATORY Steele	23d. LOCATION (City, town, or county) (State) ATLANTA - MO
24. FUNERAL DIRECTOR Theo H. Gooding - ATLANTA, MO		25. DATE RECD. BY LOCAL REG. 8/31/59	26. REGISTRAR'S SIGNATURE Cuth W. Neely

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Theo H. Goodding

Licensed Embalmer No. 3982

P. O. Address Atlanta, Ga

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.