

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7702

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Chariton, Keytesville Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE COUNTY <u>Missouri. Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville Rural</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Rural</u>	
3. NAME OF DECEASED a. (First) <u>Elmer</u> (Type or Print)		b. (Middle) <u>Vance</u>	
		c. (Last) <u>Enyeart</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1949</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>March 9 1865</u>		9. AGE (In years last birthday) Months Days <u>84 00 3</u>	
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	
11. BIRTHPLACE (State or foreign country) <u>Wabash Co. Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abraham Enyeart</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Ann Brinker</u>	
14. NAME OF HUSBAND OR WIFE <u>Paulina Jane Mitchell</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loren Enyeart, Keytesville, Mo.</u>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute renal insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>influenza</u> DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		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 <u>3-8-49</u> , to <u>3-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-12</u> , 19 <u>49</u> , and that death occurred at <u>8:00 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Ralph Carhart DO</u> (Degree or title)		23b. ADDRESS <u>Keytesville Mo</u>	
23c. DATE SIGNED <u>3-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>March 15, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Indian Grove Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jas. McLaughlin Marceline, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/15/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 55	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 3-22-49

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 Dale Bunch

Licensed Embalmer No. 4088

P. O. Address Marilyn M

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