

31413

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 10 1949

No. 300
10. 48

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>126</u>		
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (In this place) <u>6 hrs. 40 min.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cuba "RURAL" BENTON</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. # 2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERONA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>Enloe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9 19 49</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>SEPT-6 1899</u>		
9. AGE (In years last birthday) <u>50</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>RILEY GRAHAM</u>			13b. MOTHER'S MAIDEN NAME <u>ELLEN KEY</u>			14. NAME OF HUSBAND OR WIFE <u>James Enloe</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>RICHARD ENLOE CUBA 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric Thrombosis</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>Rheumatic heart disease with decompensation</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u> <u>5707</u> <u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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>Sept. 30, 1947</u> , to <u>Sept. 19, 1949</u> that I last saw the deceased alive on <u>Sept. 18, 1949</u> and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>F. H. Elders, M.D.</u>					23b. ADDRESS <u>Cuba, Mo.</u>		23c. DATE SIGNED <u>9-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-21-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HODGE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>CUBA MO</u>		
DATE REC'D BY LOCAL REG. <u>10-9-49</u>		REGISTRAR'S SIGNATURE <u>Thelma C. Buck</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. H. ...</u>		ADDRESS <u>Cuba - Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 1949

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.

Signed Harmon C. Hoener

Signed.....
Student Embalmer

Licensed Embalmer No. 4673

P. O. Address Cuba, Mo

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.