

FILED JAN 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 98

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE MISSOURI b. COUNTY BARTON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		c. LENGTH OF STAY (In this place) 30 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LAMAR		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) ABRAHAM			b. (Middle)			c. (Last) ENDSLEY	
4. DATE OF DEATH (Month) (Day) (Year) JAN 13 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH DEC 17 1860		9. AGE (In years last birthday) 89		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED		11. BIRTHPLACE (State or foreign country) MARION, INDIANA	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOHN ENDSLEY		13b. MOTHER'S MAIDEN NAME SARA SHARRON		14. NAME OF HUSBAND OR WIFE MARY ELIZABETH ZENT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS STEVE F. ENDSLEY, LAMAR, MO.			
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) Uremia & Stroke ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Influenza				INTERVAL BETWEEN ONSET AND DEATH 40 days 334X	
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 Dec 4 1949 , to Jan 13 1950 , that I last saw the deceased alive on Jan 12 1950 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) H. M. Crowl M.D.				23b. ADDRESS Lamar Missouri		23c. DATE SIGNED 1/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Jan 16 1950		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI	
DATE REC'D BY LOCAL REG. JAN 16 1950		REGISTRAR'S SIGNATURE Marie Konantz		FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ, FUNERAL HOME, LAMAR, MO. basil Konantz			

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

RECEIVED JAN 23 1950

District Health Office No. 6,

District File Number 150-128

Date Filed 1-27-50

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

Carl H. Kovants

Licensed Embalmer No. 247

P. O. Address Lamar, 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.