S. No. 300
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FILED JUL 18 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22487

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 178

1. PLACE OF DEATH
a. COUNTY Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jefferson City
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission)
a. STATE Missouri
b. COUNTY Phillips
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rocky Mount 0660
d. STREET ADDRESS (If rural, give location) Joe Odum residence Mount

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Enloe

4. DATE OF DEATH (Month) (Day) (Year) July 8, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 2-1883
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months 3 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Biery
13b. MOTHER'S MAIDEN NAME Kathelina
14. NAME OF HUSBAND OR WIFE T. L. Enloe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME T. L. Enloe - Rocky Mount ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Gall bladder — INTERVAL BETWEEN ONSET AND DEATH Mar 51

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. 155X

19a. DATE OF OPERATION 6/2/51
19b. MAJOR FINDINGS OF OPERATION Cancer of G.P., omentum & liver (liver)
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/24, 1951, *to* 7/8, 1951, *that I last saw the deceased alive on* 7/8, 1951, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harvey Enloe M.D.
23b. ADDRESS Central Trust Bldg. Jefferson City, Mo.
23c. DATE SIGNED 7/9/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 11 1951
24c. NAME OF CEMETERY OR CREMATORY Enloe Cemetery
24d. LOCATION (City, town, or county) Russellville (State) Mo.

DATE REC'D BY LOCAL REG. July 9-1951
REGISTRAR'S SIGNATURE R. P. Dorris M.D. 68 NR
25. FUNERAL DIRECTOR'S SIGNATURE Fanny Sims - 700 Jefferson ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

Enlre

RECEIVED 7-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 5-17-51

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 [illegible]

Licensed Embalmer No. 3641

P. O. Address [illegible]

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.