S. No. 300
v. 10.48

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FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36315

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 22 PRIMARY REG. DIST. NO. 3005 Registrar's No. 117

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butler
c. LENGTH OF STAY (in this place) 6 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Butler Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Deer Creek Twp.
d. STREET ADDRESS (If rural, give location) 0070

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Valentine c. (Last) Enos

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

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Sept 24-1892
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months 1 Days 14 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leeton Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Francis A. Enos
13b. MOTHER'S MAIDEN NAME Elizabeth Landes
14. NAME OF HUSBAND OR WIFE Ruth Enos
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Enos ADDRESS Adrian 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident. INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensious, essential.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 331X
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* 11-8, 1951, *to* 11-8, 1951, *that I last saw the deceased alive on* 11-8, 1951, *and that death occurred at* 10:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Douglas C. Kovalk MD
23b. ADDRESS Butler, Mo.
23c. DATE SIGNED 11-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 11
24b. DATE 11-11-51
24c. NAME OF CEMETERY OR CREMATORY Crescent Hill
24d. LOCATION (City, town, or county) (State) Adrian Mo.

DATE REC'D BY LOCAL REG. Nov. 13-51
REGISTRAR'S SIGNATURE Kendall Kersey
25. FUNERAL DIRECTOR'S SIGNATURE Creath & Dist ADDRESS Adrian

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 21 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed NOV 21 1951

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 Fred T. Creath and C. A. Sirt working under my personal supervision.

Student Embalmer No. .....

Signed Fred T. Creath

Signed.....
Student Embalmer

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.