

FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36739

State File No. ....

264  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 303

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Linn Mo R.F.D. 0750</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CHAS. E. STILL OSTEOPATHIC HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
3. NAME OF DECEASED a. (First) <u>Fredrick</u> b. (Middle) <u>Benjamin</u> c. (Last) <u>Enke</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 23, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 23, 1888</u>
9. AGE (In years last birthday) <u>62</u>		# UNDER 1 YEAR <u>1</u>	# UNDER 1 HR. <u>0</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 <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Cooper Hill Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Fred Enke</u>	
13b. MOTHER'S MAIDEN NAME <u>Ernstine Valentine</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha Buscher</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) (If yes, give war or dates of service) <u>Yes World War #1</u>		16. SOCIAL SECURITY NO. <u>499-24-7071</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F.E. Enke</u> ADDRESS <u>Linn Mo #1</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>General Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	
20. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>		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) (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>11/20/1951</u> , to <u>11/23/1951</u> , that I last saw the deceased alive on <u>11/23/1951</u> , and that death occurred at <u>7:30a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Roman W. Baldwin</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>Linn Mo</u>	23c. DATE SIGNED <u>11/23/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>11-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cooper Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cooper Hill MO</u>
DATE REC'D BY LOCAL REG. <u>Nov. 24-51</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Blade Norton</u> ADDRESS <u>Linn Mo</u>	

RECEIVED NOV 27 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 27 1951

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STATEMENT BY LICENSED EMBALMER

REC-27-1951

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 Vernon M. Mottler

Licensed Embalmer No. 4125

P. O. Address Linn 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.