

Dr. Enloe

STANDARD CERTIFICATE OF DEATH

State File No. 678

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
c. LENGTH OF STAY (In this place) 60 yrs		02640	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 West Atchison Street		d. STREET ADDRESS (If rural, give location) 314 West Atchison Street	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) Wilhelmeia c. (Last) Petry			4. DATE OF DEATH (Month) (Day) (Year) Jan 17 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June-5-1866		9. AGE (In years last birthday) 85
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Louis Burbach		13b. MOTHER'S MAIDEN NAME Not Known		14. NAME OF HUSBAND OR WIFE William Petry	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Carl M. Burkel, Jefferson City, 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) Acute indigestion			INTERVAL BETWEEN ONSET AND DEATH 14hr.
		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.			

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) 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 1/16, 1952, to 1/17, 1952, that I last saw the deceased alive on 1/16, 1952 and that death occurred at 4:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Enloe M.D.		23b. ADDRESS Jefferson City, Mo		23c. DATE SIGNED 1/19/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-19-1952		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	
				24d. LOCATION (City, town, or county) Jefferson City, Missouri (State)	

DATE REC'D BY LOCAL REG. Jan 19-1952		REGISTRAR'S SIGNATURE R. P. Davis M.D.		FEDERAL DIRECTOR'S SIGNATURE W. H. Jordan		ADDRESS Jefferson City, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2641

RECEIVED JAN 21 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 21 1952 _____

STATEMENT BY LICENSED EMBALMER

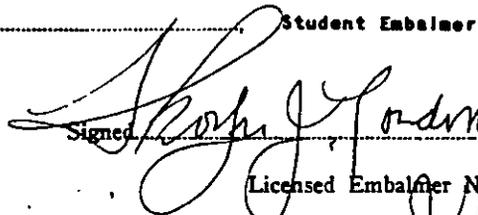
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.