

FILED APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9290

BIRTH NO.		REG. DIST. NO. 257	PRIMARY REG. DIST. NO. 5881	Registrar's No. 12
1. PLACE OF DEATH a. COUNTY Osage		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cooper Hill, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cooper Hill, Mo. 0760		
c. LENGTH OF STAY (in this place) 71 yrs		d. STREET ADDRESS (If rural, give location) 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Cooper Hill, Mo.				
3. NAME OF DECEASED (Type or Print) a. (First) Frank		b. (Middle) Ferdinand		c. (Last) Enke
4. DATE OF DEATH Mar 24 1952				
5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan 25, 1881	9. AGE (In years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason-Farmer		10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Cooper Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME Fredrick Enke		13b. MOTHER'S MAIDEN NAME Ernestine Valentine		14. NAME OF HUSBAND OR WIFE X Cynthia Owens Enke
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. **		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Frank Tschapler, Cooper Hill, 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) Coronary Thrombosis 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 checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cooper Hill, Mo. Osage Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 24 1952 A		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, 3-24 -, 1952, and that death occurred at 11 A m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) 3 Clyde M. Taylor, Coroner		23b. ADDRESS Box 255, Linn, Mo.		23c. DATE SIGNED 3-24-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-52		24c. NAME OF CEMETERY OR CREMATORY Cooper Hill
24d. LOCATION (City, town, or county) (State) Cooper Hill, Mo.				
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gottenstroetters. Owensville, Mo.				

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

5760
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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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Malcolm H H Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.