

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9180**

FILED MAR 24 1953
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BIRTH NO. _____ REG. DIST. NO. **75** PRIMARY REG. DIST. NO. **3015** Registrar's No. **24**

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

1. PLACE OF DEATH a. COUNTY CHINTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY CHINTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAMERON MO 0251	
c. LENGTH OF STAY (in this place) 15 min.		d. STREET ADDRESS (If rural, give location) 802 west 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION CAMERON Community Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) Naomi b. (Middle) FERN c. (Last) ENSIEN		4. DATE OF DEATH (Month) (Day) (Year) 3 19 53	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Aug 2, 1913
9. AGE (In years last birthday) 39		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY House wife
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jesse B. Phelps	13b. MOTHER'S MAIDEN NAME NOLA WHITAKER	14. NAME OF HUSBAND OR WIFE Gene ENSIGN
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. NO	17. INFORMANT'S SIGNATURE AND ADDRESS Gene Ensign Cameron 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		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension - malignant	
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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **1-18, 1952**, to **1-19, 1953**, that I last saw the deceased alive on **1-19-53**, and that death occurred at **5:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. C. Wilber	(Degree or title) MO	23b. ADDRESS Cameron MO	23c. DATE SIGNED 3-19-53
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE Mar 21-53	24c. NAME OF CEMETERY OR CREMATORY Swainland	24d. LOCATION (City, town, or county) (State) Cameron MO
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DATE REC'D BY LOCAL REG. 8-20-53	REGISTRAR'S SIGNATURE Winifred W. Moser	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Poland Funeral Home
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 232 West 3rd St
Lansing MI

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.