

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

DR. DOUBLER JR.

17758

State File No.

FILED JUN 1 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>5466</u>		Registrar's No. <u>491</u>	
1. PLACE OF DEATH a. COUNTY <u>GREENE</u> <u>0390</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u> <u>0390</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield South Campbell</u>			c. LENGTH OF STAY (in this place) <u>47 YRS.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield Rural, S. Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELFINDALE ACADEMY</u>				d. STREET ADDRESS (If rural, give location) <u>ELFINDALE ACADEMY</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SISTER MARY</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>ENSEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1953</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>NEVER MARRIED</u> (Specify)	8. DATE OF BIRTH <u>MARCH 29 1867</u>		9. AGE (In years last birthday) <u>86</u>	if UNDER 1 YEAR Months _____ Days _____	if UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CUMBERLAND, MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>RICHARD ENSEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY GOSNELL</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELFINDALE RECORDS,</u>		ADDRESS <u>SPRINGFIELD, MO.</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Passive Congestion</u>						<u>24 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Atherosclerotic Heart Dis.</u>						<u>10 yrs</u>	
DUE TO (c) <u>Hypertension</u>						<u>20 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Vasc. Accident</u>						<u>4 hrs</u>	
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) _____		21d. (COUNTY) _____		21e. (STATE) _____
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 <u>Jan 9 19 53</u> , to <u>May 22 19 53</u> , that I last saw the deceased alive on <u>May 20 19 53</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. H. Doubler, M.D.</u>			23b. ADDRESS <u>706 Pro. Bldg. Spfld. Mo.</u>			23c. DATE SIGNED <u>5/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>5/23/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ELFINDALE CEMETERY</u>		24d. LOCATION (City, town, or county) <u>SPRINGFIELD, MO.</u>			(State) _____
DATE REC'D BY LOCAL REG. <u>5-26-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. LOHMEYER</u>		ADDRESS <u>SPRINGFIELD, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 Lucien J. Swadlow

Licensed Embalmer No. 48157

P. O. Address Springfield

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.