

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27605**

FILED SEP 15 1953

0020

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY OR TOWN <u>Savannah, Mo.</u> c. LENGTH OF STAY (in this place) <u>32 1/2</u>		c. CITY OR TOWN <u>Savannah, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>713 W Chestnut St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>713 W. Chestnut St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maggie Jane</u> b. (Middle) <u>Ensor</u> c. (Last) <u>Ensor</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>9-15-1860</u>
9. AGE (In years last birthday) <u>92</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Hiram Phillippi</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Robertson</u>	
14. NAME OF HUSBAND OR WIFE <u>Thomas H Ensor</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Lulu Ensor</u>		ADDRESS <u>Savannah, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> 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. <u>None</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331X</u>	
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>Sept 1</u> , 1953, to <u>Sept 7</u> , 1953, that I last saw the deceased alive on <u>Sept 7</u> , 1953, and that death occurred at <u>2:05 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Kelly, M.D.</u>		23b. ADDRESS <u>Savannah, Mo.</u>	
23c. DATE SIGNED <u>9-8-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-9-1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Savannah City</u>		24d. LOCATION (City, town, or county) (State) <u>Savannah, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Lulu Ensor</u>		ADDRESS <u>W. H. Kelly, Savannah, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-11-53</u>		REGISTRAR'S SIGNATURE _____	

WRITE PLAINLY—USING UNFADING 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 _____

Wm A Rich

Licensed Embalmer No. 4778

P. O. Address Savannah, 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.