

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7982**

BIRTH NO. **FILED MAR 30 1954** REG. DIST. NO. **55** PRIMARY REG. DIST. NO. **3011** Registrar's No. **149**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll	
b. CITY OR TOWN Carrollton MO.	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Carrollton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 725 West First		e. STREET ADDRESS (If rural, give location) Carrollton Mo 60170	
3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) Bell c. (Last) ENYART		4. DATE OF DEATH (Month) (Day) (Year) March 26 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH JUNE 3, 1876
9. AGE (In years last birthday) 77		# UNDER 1 YEAR	# UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Wakenda Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Willis Henderson	13b. MOTHER'S MAIDEN NAME Jennie Simpson
14. NAME OF HUSBAND OR WIFE James Enyart		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 OR NAME Mrs. Cate Cox		ADDRESS Carrollton 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, asphyxia, 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) Carcinomatosis		6 Mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Ovary.		
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 175X	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)
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 **2-22, 1954** to **3-26, 54**, that I last saw the deceased alive on **3-25, 1954**, and that death occurred at **3:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William S. Everett, M.D.	23b. ADDRESS 8 N Folger St.	23c. DATE SIGNED 3-27-54
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE March 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Oak Hill
24d. LOCATION (City, town, or county) (State) Carrollton, MO		25. FUNERAL DIRECTOR'S SIGNATURE Stanley Gibson
DATE REC'D BY LOCAL REG. 3-27-54	REGISTRAR'S SIGNATURE Mrs. Verber Calvert	ADDRESS Carrollton MO

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.....
Signature of Student Embalmer

Signed *Ben W. Gibson*.....

Licensed Embalmer No. *296*.....

P. O. Address *Carrollton*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.