

FILED JUL 6 1954

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

19792

State File No. \_\_\_\_\_

Registrar's No. 165

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Gentry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maryville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stanberry Mo.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS <b>316 East 4th. St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Miss Marium</b> b. (Middle) <b>Ethel</b> c. (Last) <b>Enyart</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 25 1954</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Nov 20 18 75</b>
9. AGE (In years last birthday) <b>78</b>		9. AGE (In years) <b>78</b> (If under 1 year: Months Days Hours Min.)	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <b>red postmistress</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Post Office</b>	11. BIRTHPLACE (State or foreign country) <b>Gallatin, Mo.</b>
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>John Enyart</b>	
13b. MOTHER'S MAIDEN NAME <b>Louisa Linville</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Blanche Eckard Stanberry</b> ADDRESS <b>H</b>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular Accident</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Cardiovascular Dis</b> DUE TO (c) <b>Diabetes Mellitus.</b> 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 <b>4221</b>	
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) m. _____	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 <b>June 20, 1954</b> , to <b>June 25, 1954</b> , that I last saw the deceased alive on <b>June 24 1954</b> , and that death occurred at <b>4:45pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. C. Shunk</b>		23b. ADDRESS <b>M.H. Maryville Mo</b>	23c. DATE SIGNED <b>June 28 54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/27/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>High Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Stanberry Gentry Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-3-54</b>	REGISTRAR'S SIGNATURE <b>Bess Holt</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John A. Phillips Stanberry Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

1955

AUG 19 1954

MS OCT 14 1954

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 \_\_\_\_\_

*Larry A. Phillips*

Licensed Embalmer No. \_\_\_\_\_

1898

P. O. Address \_\_\_\_\_

*Stonewall*

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.