

FILED JAN 3 1955

## STANDARD CERTIFICATE OF DEATH

40045  
State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>13</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>		c. LENGTH OF STAY (In this place) <u>16 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monett</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>311-8th Street</u>				d. STREET ADDRESS (If rural, give location) <u>311-8th Street</u> <u>CO 510</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>George</u>		b. (Middle) <u>John</u>		c. (Last) <u>Enke, Jr.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 20, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 6, 1892</u>		9. AGE (In years: last birthday) <u>62</u>		IF UNDER 1 YEAR <u>7</u> Months <u>14</u> Days		IF UNDER 24 HRS. <u>14</u> Hours <u>0</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Gas Appliance Service</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Neb.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>George Enke Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Scriber</u>		14. NAME OF HUSBAND OR WIFE <u>Effie Enke</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edmund Enke</u> ADDRESS <u>Monett, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>Hypertension</u>						10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>10-17</u> , 19 <u>51</u> , to <u>12-20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-20</u> , 19 <u>54</u> , and that death occurred at <u>6:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Frank Ben MD</u>				23b. ADDRESS <u>Monett Mo.</u>		23c. DATE SIGNED <u>12-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 22 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellow Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monett, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. P. N. Cook</u> <u>487</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bennett H. Worthington</u> ADDRESS <u>Monett Mo</u>			

BARRY COUNTY HEALTH UNIT  
CASSVILLE, MO.

NO. 1254-163

DATE REC. 12-27-54

FEB 23 1955

JAN 4 1955

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 \_\_\_\_\_

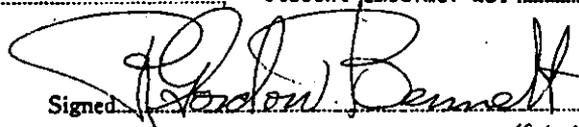
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed



Licensed Embalmer No. 1213

P. O. Address Morett, 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.