FILED DEC 20 1955

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

43186

State File No.

BIRTH NO. REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 6209 Registrar's No. 47

**1. PLACE OF DEATH**
a. COUNTY: Texas
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cherry
c. LENGTH OF STAY (In this place): 1yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Texas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tyrone Mo.
d. STREET ADDRESS (If rural, give location): 10 To

**3. NAME OF DECEASED** (Type or Print): a. (First) WALTER b. (Middle) HAWKINS c. (Last) ENSLOW

**4. DATE OF DEATH** (Month) Dec. (Day) 8 (Year) 1955

**5. SEX**: M **6. COLOR OR RACE**: W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married **8. DATE OF BIRTH**: April 20, 1869 **9. AGE** (In years last birthday): 86 IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Blacksmith **10b. KIND OF BUSINESS OR INDUSTRY**: **11. BIRTHPLACE** (State or foreign country): Halna Mo **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Unknown **13b. MOTHER'S MAIDEN NAME**: Unknown **14. NAME OF HUSBAND OR WIFE**: Nellie

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No (If yes, give war or dates of service): **16. SOCIAL SECURITY NO.**: None **17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Nellie Enslow Tyrone 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pneumonitis Severe — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Overwhelming Toxemia

DUE TO (c) Arteriosclerotic Degenerative

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Decompensated Heart Disease

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**: Aged & Infirmities of Senility **20. AUTOPSY?** YES ☐ NO ☐

**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)** 4210 (COUNTY) (STATE)

**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.: **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 10, 1950, *to* Dec 8, 1955, *that I last saw the deceased alive on* Dec. 8, 1955, *and that death occurred at* 11:30 p m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Burns MD **23b. ADDRESS**: Houston, Mo **23c. DATE SIGNED**: 12/12/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial **24b. DATE**: 12-11-55 **24c. NAME OF CEMETERY OR CREMATORY**: Tyrone **24d. LOCATION** (City, town, or county) (State): Tyrone Mo.

DATE REC'D BY LOCAL REG.: Dec. 13-55 REGISTRAR'S SIGNATURE: Myrtle Craig 327 **25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Elliott Funeral Home Houston Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Frank E. Hood

Licensed Embalmer No. 4026

P. O. Address Houlton, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.