

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2048

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>3045</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		c. LENGTH OF STAY (in this place) <u>38 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Charleston</u>		2672			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>303 So. Heggie</u>				d. STREET ADDRESS (If rural, give location) <u>303 So. Heggie</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			(Month) (Day) (Year)			
a. (First) <u>Robert</u>		b. (Middle)		c. (Last) <u>Enlow</u>		<u>1--16--1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>March 7 1877</u>			
9. AGE (in years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u>		11. BIRTHPLACE (State or foreign country) <u>New Madrid, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>not known</u>		13b. MOTHER'S MAIDEN NAME <u>Addie ?</u>		14. NAME OF HUSBAND OR WIFE <u>Estella Enlow</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>702-16-0131</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Florida McKinney</u> ADDRESS <u>303 So. Heggie Charleston 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, asthenia, 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) <u>Acute Coronary Occlusion</u>				DUPLICATE (b) <u>Hypertension - Arteriosclerotic Ht. Dis</u>				<u>5 Minutes</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUPLICATE (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 <u>4200</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>2 Oct</u> , 19 <u>55</u> , to <u>16 Jan</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>16 Jan</u> , 19 <u>56</u> , and that death occurred at <u>1:30 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>John L Sample M.D.</u> (Degree or title)				23b. ADDRESS <u>Charleston Mo</u>				23c. DATE SIGNED	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan 21 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Scott, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/2/56</u>		REGISTRAR'S SIGNATURE <u>Jean Barnes</u>		480-25 FUNERAL DIRECTOR'S SIGNATURE <u>Carlton L. Donaldson</u> ADDRESS <u>626 W. Marshall Charleston Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
Miss. Co. Health Dept
County File No. FEB 9 1958
Date Filed FEB 9 1958

FEB 7 1958

FEB 8 1958

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 *Carleton S. McDonald*

Licensed Embalmer No. 4935

P. O. Address Charleston Mo.

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

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