

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

State File No. **21161**

No. 300
10.48

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **4310** Registrar's No. **148**

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Mo b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN Brewer		c. CITY OR TOWN Brewer	d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 0610	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert G	b. (Middle) C	c. (Last) Enderly	4. DATE OF DEATH (Month) (Day) (Year) 6-25-56
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-19-14	9. AGE (In years last birthday) 42	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Bucklin Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo E Enderly	13b. MOTHER'S MAIDEN NAME Millie E Wilson	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Millie E Enderly	ADDRESS Brewer Mo
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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) Hemorrhage, Internal		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Dividental Ulcer		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 5410
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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
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22. I hereby certify that I attended the deceased from _____, 19____, to **6/29**, 19**56**, that I last saw the deceased alive on **6/29**, 19**56**, and that death occurred at **9:20** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jervis E. Campbell, MD	23b. ADDRESS Monroe, Mo.	23c. DATE SIGNED 7/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-1-56	24c. NAME OF CEMETERY OR CREMATORY Richard Dale Ave	24d. LOCATION (City, town, or county) (State) Brewer Mo
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DATE REC'D BY LOCAL REG. 7/7/56	REGISTRAR'S SIGNATURE Walter M. Neely	25. FUNERAL DIRECTOR'S SIGNATURE W. S. Edwards	ADDRESS Brewer Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1850

JUL 13 1956

1956 AUG 6 9 00A

RECEIVED 7.11.56
MACON COUNTY HEALTH DEPARTMENT
County File No. 756.104
Date Filed 7.12.56

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 *H. B. Edwards*

Licensed Embalmer No. 196

P. O. Address *Brewer*

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.