

S. No. 300
V. 10.48

FILED NOV 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33126
State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 348

1. PLACE OF DEATH
a. COUNTY BOONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY JASPER

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN COLUMBIA

c. CITY OR TOWN JOPLIN

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR UNIVERSITY INSTITUTION UNIVERSITY OF MISSOURI MEDICAL CENTER

e. STREET ADDRESS (If rural, give location) 3108 E. 13TH. 0491

3. NAME OF DECEASED (Type or Print)
a. (First) JEANNA b. (Middle) MAY c. (Last) ENOCHS

4. DATE OF DEATH (Month) (Day) (Year)
NOVEMBER 3, 1956

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED

8. DATE OF BIRTH AUGUST 30, 1954

9. AGE (In years last birthday) 2 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)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME EUGENE ARTHUR ENOCHS

13b. MOTHER'S MAIDEN NAME SHIRLEY ANN CURE

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eugene Enochs 3108 E. 13TH JOPLIN, MISSOURI

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) Second and third degree burns, 60%
INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
JOPLIN, JASPER, MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) OCTOBER 26, 1956 1:30 P.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Gasoline explosion in kitchen

22. I hereby certify that I attended the deceased from 10 - 30, 1956, to 11 - 3, 1956, that I last saw the deceased alive on 11 - 3, 1956, and that death occurred at 4:00 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement R. Borden MD

23b. ADDRESS U. S. Missouri

23c. DATE SIGNED 11/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 11-3-1956

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
Nov 3 1956 Mrs R E Palmer

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Parler Funeral Service Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

31-2

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.....
Licensed Embalmer No. 4897
P. O. Address Columbia, N.C.

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.