

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

58-019064  
State File No.

FILED JUN 10 1958

BIRTH NO.

REG. DIST. NO. 224

PRIMARY REG. DIST. NO. 3046

Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo.</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>0260</b> OR TOWN <b>Rural Moreau</b>		d. STREET ADDRESS (If rural, give location) <b>Enon, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>STANLEY</b>			b. (Middle) <b>ENLOE</b>		c. (Last) <b>MORROW</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1958</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>		8. DATE OF BIRTH <b>May 22, 1882</b>		9. AGE (In years last birthday) <b>75</b> IF UNDER 1 YEAR: MONTHS   DAYS IF UNDER 12 HRS: HOURS   MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <b>Enon, Mo.</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>James Morrow</b>			13b. MOTHER'S MAIDEN NAME <b>Rebecca Enloe</b>			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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>L. V. Morrow</b>			ADDRESS <b>Russellville, Mo.</b>		
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 years</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized arterio-sclerosis</b>				DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH <b>10 years</b>	
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? <b>2</b> 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) <b>4221</b>					
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 <b>Jan 12, 1954</b> , to <b>May 8, 1958</b> , that I last saw the deceased alive on <b>May 8, 1958</b> , and that death occurred at <b>6P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Kenyon Latham M.D.</b>				(Degree or title)		23b. ADDRESS <b>California, Mo.</b>		23c. DATE SIGNED <b>5-12-58</b>	
24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 10, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Enloe Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Russellville Mo.</b>			
DATE REC'D BY LOCAL REG. <b>5-12-58</b>		REGISTRAR'S SIGNATURE <b>Helen L. Popejoy</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Bluffner</b>		ADDRESS <b>Russellville, Mo.</b>		

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

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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 *G. M. Steffens*

Licensed Embalmer No. 2307

P. O. Address Reeseville Me

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.