Health, Welfare Public Service

300 1
1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-002439
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 277 Primary Registration District No. 5952 Registrar's No. 3

**1. PLACE OF DEATH**
a. COUNTY Pike
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Curryville Spencer — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pike
c. CITY OR TOWN Curryville — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☑ No ☐

**3. NAME OF DECEASED** (Type or print) First: Enos Middle: Last: Girod

**4. DATE OF DEATH** Month: Jan. Day: 7 Year: 1959

**5. SEX** M

**6. COLOR OR RACE** W

**7.** MARRIED ☐ NEVER MARRIED ☑ WIDOWED ☐ DIVORCED ☐

**8. DATE OF BIRTH** Oct 5 1951

**9. AGE** (In years last birthday) 7 — 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 country) Pike Co. Mo

**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Reuben Girod

**13b. MOTHER'S MAIDEN NAME** Anna Schwartz

**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** Jacob J. Schwartz, Address: Bowling Green Mo

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in filling out. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Cerebral anoxia | minutes |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) | Viral pneumonia | hours. |
| DUE TO (c) | Poliomyelitis -- Type I 0803 | |

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Patient's resistance was very poor due to previous infections

**19. WAS AUTOPSY PERFORMED?** YES ☒ NO ☐

**20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)
((Item 18(c) corrected by doctor's affidavit-4-23-59,jf))

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f. CITY, TOWN, OR LOCATION** COUNTY STATE

**21.** I attended the deceased from 1-5-59, to 1-7-59 and last saw ~~her~~ him alive on 1-5-59
Death occurred at 6:30 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) Robert A. Brooks D.O.

**22b. ADDRESS** Bowling Green, Mo

**22c. DATE SIGNED** 1-9-59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL

**23b. DATE** 1-10-59

**23c. NAME OF CEMETERY OR CREMATORY** Amish Cemetery

**23d. LOCATION** (City, town, or county) Pike Co. (State) Mo.

**24. FUNERAL DIRECTOR** Grace Bankhead, ADDRESS Bowling Green, Mo

**25. DATE RECD. BY LOCAL REG.** 1-10-59

**26. REGISTRAR'S SIGNATURE** Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

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 Harold C. Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Gre

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.