

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040032

FILED VS NOV 17 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5169

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>Rayville</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Trinity Lutheran Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <b>Betty</b> Middle <b>Ann</b> Last <b>Enloe</b>			4. DATE OF DEATH Month <b>October</b> Day <b>27</b> Year <b>1959</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> <b>Married</b>		8. DATE OF BIRTH <b>Nov. 12 1937</b>	9. AGE (last birthday) <b>22</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Excelsior Springs, MO - U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME <b>Elmer Owens</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Owens</b>		14. NAME OF HUSBAND OR WIFE <b>Richard H. Enloe</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT Address <b>Mrs. Julie Crowley, Richmond Missouri</b>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bulbar Polioencephalitis</b>							INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>None</b>							PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					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 <u>10-24-59</u> to <u>10-27-59</u> and last saw her <sup>her</sup> <sub>from</sub> alive on <u>10-26-59</u> Death occurred at <u>2:10</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Robert H. Hodge</i>				22b. ADDRESS <i>329 Armer, West Hannington</i>			22c. DATE SIGNED <i>10-27-59</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10/27/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Richmond Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Richmond Missouri</b>				
24. FUNERAL DIRECTOR ADDRESS <b>D.W. Newcomers Sons 1331 Brush Creek Blvd. Kansas City Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>10-27-59</b>	26. REGISTRAR'S SIGNATURE <i>Elva Minshall</i>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Robert H. Hodge

FEB 2 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Regis F. Fuller

Licensed Embalmer No. 4818

P. O. Address KC Mo

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.