

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005592

FILED VS FEB 29 1960 77

Registration District No. \_\_\_\_\_ Primary Registration District No. 3016 Registrar's No. 75

STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Cole</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u> Length of stay in 1b _____ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> c. CITY OR TOWN <u>Jefferson City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>1802 Quarry Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>3. NAME OF DECEASED</b> First Middle Last <u>WILLIAM EUGENE ENO</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>February 22, 1960</u>			
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>3-5-1883</u>	<b>9. AGE</b> (last birthday) <u>76</u> IF UNDER 1 YEAR IF UNDER 24 HR Months <u>11</u> Days <u>17</u> Hours _____ Min. _____	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired Mechanic</u>		
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Mechanic</u>		<b>11. BIRTHPLACE</b> (City and state or country) <u>Bluffton, Montgomery Co., Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>William Eno</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Nancy McLaughlin</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Bertha Baldwin Eno</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>493-10-8412</u>		<b>17. INFORMANT</b> Address <u>Mrs. Bertha Eno 1802 Quarry St. J.C. Mo.</u>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Support to be furnished</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease degenerative</u> DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 years</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>flu - old Hemiplegia</u>				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			
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>20b. SUICIDE</b> <input type="checkbox"/>	<b>20c. HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>					
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>		
<b>21. I attended the deceased from</b> <u>1952</u> to <u>2-22-60</u> and last saw <sup>her</sup> him alive on <u>2-22-60</u> Death occurred at <u>9 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
<b>22a. SIGNATURE</b> (Degree or title) <u>William E. Eno M.D.</u>				<b>22b. ADDRESS</b> <u>Jefferson City Mo.</u>			
<b>22c. DATE SIGNED</b> <u>2-25-60</u>				_____			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>23b. DATE</b> <u>Feb. 25, 1960</u>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Review Cem</u>			
<b>23d. LOCATION</b> (City, town, or county) (State) <u>Jefferson City, Mo.</u>		_____					
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Victor Buescher J.C. Mo.</u>		<b>25. DATE RECD. BY LOCAL REG.</b> <u>24 February 1960</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>R.P. Harris, M.D. - Registrar</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS FEB 22 1930

**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 \_\_\_\_\_

*Victor Buesch*

Licensed Embalmer No. 370

P. O. Address Jama

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.