

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-023681

STATE FILE NUMBER

FILED VS JUL 8 1969 75

Registration District No. 75 Primary Registration District No. 3036 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry												
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Length of stay in 1b 2 weeks		c. CITY OR TOWN Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
3. NAME OF DECEASED (Type or print) First LORANZA Middle D. Last ENNIS				4. DATE OF DEATH Month June Day 25 Year 1960												
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11-28-1872	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming			10b. KIND OF BUSINESS OR INDUSTRY farm		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA									
13a. FATHER'S NAME Martin Ennis			13b. MOTHER'S MAIDEN NAME Mary Jennings			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) unknown			16. SOCIAL SECURITY NO. unknown		17. INFORMANT Address Mrs. Flossie Skelton-Cassville, Mo.											
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Septicemia fulvans DUE TO (c) Coronary Arteriosclerosis							INTERVAL BETWEEN ONSET AND DEATH 3 days 4 days									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystectomy + removal of Abstrusion					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 checked="" type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> HOW AND WHERE OCCURRED. (Refer to item 18.) 6-25-60																
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			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 1949 to 6-25-60 and last saw him alive on 6-25-60 Death occurred at 11:36 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.																
22a. SIGNATURE (Degree or title) J. McElellan M.D.					22b. ADDRESS 2005. Elliott Aurora			22c. DATE SIGNED 6-28-60								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-29-1960		23c. NAME OF CEMETERY OR CREMATORY Ennis Cemetery			23d. LOCATION (City, town, or county) (State) Barry County, Missouri									
24. FUNERAL DIRECTOR Culver's				ADDRESS Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 7-2-1960		26. REGISTRAR'S SIGNATURE Ora Mc Nett								

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Margaret C. Henbest

Licensed Embalmer No. 4389

P. O. Address Cassville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.