

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-040815

FILED VS OCT 18 1960

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY <i>Vernon</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Vernon</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Nevada</i>		Length of stay in 1b		c. CITY OR TOWN <i>El Dorado Springs</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>City Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Route 2</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Gertrude</i> Middle <i>Enolund</i> Last <i>Enolund</i>			4. DATE OF DEATH Month <i>October</i> Day <i>8</i> Year <i>1960</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>4-8-1884</i>	9. AGE (last birthday) <i>76</i>	IF UNDER 1 YEAR Months <i>76</i> Days	IF UNDER 24 HR Hours <i>76</i> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Vernon Co., Mo.</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James W. Stewart</i>			13b. MOTHER'S MAIDEN NAME <i>Louisa Jane Snider</i>		14. NAME OF HUSBAND OR WIFE <i>Karl Enolund</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <i>R. 2</i> <i>Karl Enolund, El Dorado Spgs. Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) <i>Essential Hypertension</i> DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Arteriosclerotic Heart Disease</i>						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"/>	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 <i>10:20</i> Month, Day, Year <i>1958</i> 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 <i>1958</i> to <i>10-8-60</i> and last saw her/him alive on <i>10-8-60</i> Death occurred at <i>10:20</i> <i>A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Robert L. Magee M.D.</i>				22b. ADDRESS <i>El Dorado Springs, Mo.</i>		22c. DATE SIGNED <i>10-9-60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-10-60</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Montevallio</i>		23d. LOCATION (City, town, or county) (State) <i>Vernon Co., Missouri</i>	
24. FUNERAL DIRECTOR <i>Guinn-Carothers, El Dorado Spgs. Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>10-10-1960</i>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

JUN 7 1963

**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 Floyd E. Crutcher

Licensed Embalmer No. 4419

P. O. Address Edwards St

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.