

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036666

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 233 Primary Registration District No. 3022 Registrar's No. 140

FILED NOV 14 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>DeKalb</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bethany</b>		Length of stay in 1b <b>1 wk.</b>	c. CITY OR TOWN <b>Cameron</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Noll Mem. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>R.R.#3</b>	
3. NAME OF DECEASED (Type or print) <b>Levi Porter Ensign</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>2,</b> Year <b>1961</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>Cauc.</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-30-1913</b>	9. AGE (last birthday) <b>48</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	11. BIRTHPLACE (City and state or country) <b>Cameron, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Guy Ensign</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Bell</b>		14. NAME OF HUSBAND OR WIFE <b>Dorothy Ensign</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW.II</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Dorothy Ensign, Cameron, Mo.</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>Respiratory arrest</b>					INTERVAL BETWEEN ONSET AND DEATH <b>IMMEDIATE</b>
DUE TO (b) <b>Cerebrovascular accident</b>					<b>1 WEEK</b>
DUE TO (c) <b>Hypertensive encephalopathy</b>					<b>1 WEEK</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 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 <u>10/26/61</u> to <u>11/2/61</u> and last saw <sup>him</sup> <sub>her</sub> alive on <u>11/1/61</u> Death occurred at <u>2:35/A</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>J. B. Titmarsh M.D.</b>			22b. ADDRESS <b>Bethany, Mo.</b>		22c. DATE SIGNED <b>11-2-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>11-2-1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Evergreen</b>		23d. LOCATION (City, town, or county) (State) <b>Cameron, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Poland Funeral Home, Cameron, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>11-7-1961</b>	26. REGISTRAR'S SIGNATURE <b>C. Jella Mafey</b>	

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11-1-1961

NOV 17 1961

**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 Laurence J. Thompson

Licensed Embalmer No. 4735

P. O. Address Camden, Md

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.