

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027880

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 211 Primary Registration District No. 5796 Registrar's No. 37

FILED JUL 31 1962

VS 300  
Rev. 4/59

8660  
2 1020  
3  
4 2  
5 1  
6  
7 9  
8 2  
9 X  
10  
11066  
1291-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY <b>Miller</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Shelby</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saline Township</b>		Length of stay in lb <b>hours</b>	c. CITY OR TOWN <b>Clarence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>By 17, miles south of Eugene</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Harold</b> Middle <b>Dean</b> Last <b>Enyard</b>			4. DATE OF DEATH Month <b>July</b> Day <b>27</b> Year <b>1962</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>negro</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>5/30/29</b>	9. AGE (last birthday) <b>33</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Truck Driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>unknown</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ruby Enyard</b>		13b. MOTHER'S MAIDEN NAME <b>Odessa Ellis</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Enyard</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>unknown</b>		17. INFORMANT <b>Greening Funeral Home, Clarence, 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>Hemorrhage and Shock</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 hours</b>
DUE TO (b) <b>Compound Fractures of Right Femur, Right Leg, and Left Leg.</b>					" "
DUE TO (c)					
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 checked="" 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.) <b>Crushed in cab of truck. Cab between bank and trailer load of corn.</b>			
20c. TIME OF INJURY Hour <b>2:30</b> a.m. <del>2:30</del> Month, Day, Year <b>7-27-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>Mo. Highway #17</b>		20f. CITY, TOWN, OR LOCATION <b>Eugene</b>
20g. COUNTY <b>Miller</b>		20h. STATE <b>Missouri</b>			
21. I attended the deceased from <b>6:30 a.m.</b> to <b>10:30 a.m.</b> and last saw him alive on <b>7-27-62</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>L. S. Humphrey</i> (Degree of Title)			22b. ADDRESS <b>Tuscumbia, Missouri</b>		22c. DATE SIGNED <b>7-27-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		23b. DATE <b>7/27/62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Clarence Missouri</b>
24. FUNERAL DIRECTOR <b>Phillips Funeral Home, Eldon, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>July 27, 1962</b>		26. REGISTRAR'S SIGNATURE <i>Calderonetta Walt</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Certificate sent to wrong reg. - belong to Mrs Kallenbach

AUG 3 1962

SEP 18 1962

FEB 26 1963

VS  
AUG 9 1962

**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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.