

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-046326

STATE FILE NUMBER

Registration District No. 80 Primary Registration District No. 5307 Registrar's No. 19

FILED DEC 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>COLE</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>COLE</u>                                    |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>MOYEAU</u>   |   | Length of stay in 1b<br><u>88 yrs</u>  | c. CITY OR TOWN <u>Russellville</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                           |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>RR 2</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><u>ENOCH E SHIKLES</u>   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>DEC 10 1962</u>   |   |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>9-16-76</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMING</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Farm</u>   | 11. BIRTHPLACE (City and state or country)<br><u>ENON MO U.S.A.</u>   |
| 13a. FATHER'S NAME<br><u>ALLEN SHIKLES</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>ANN WISER</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   |   | 17. INFORMANT<br><u>MARY WILLIAMS</u><br>Address   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension &amp; arteriosclerosis</u><br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 or 4 hrs</u>   |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour a.m. p.m.<br>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>1956</u> to <u>Dec 10 1962</u> and last saw him alive on <u>Dec 10 1962</u><br>Death occurred at <u>7:45 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>E. Oshelton MD</u>  |   | 22b. ADDRESS<br><u>Eldon MO</u>  |   |
| 22c. DATE SIGNED<br><u>Dec 12 '62</u>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>12-12-62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>ENJOE CEMETERY</u>  |   |
| 23d. LOCATION (City, town, or county) (State)<br><u>Russellville MO</u>  |   |  |   |
| 24. FUNERAL DIRECTOR<br><u>STEFFENS FUNERAL SERV</u><br>ADDRESS  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 12-62</u>  |   |
|  |   | 26. REGISTRAR'S SIGNATURE<br><u>Minnie Nettamayer</u>  |   |

USE BLACK INK OR TYPEWRITER RIBBON

*Handwritten notes:*  
Missouri  
1917

**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 *[Handwritten Signature]*

Licensed Embalmer No. 2307

P. O. Address Russellville Mo

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.