

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3490

FILED FEB 5 1957

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 16

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>State Hosp. No 3</u> <u>Vernon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington</u> | | c. CITY OR TOWN <u>Calhoun</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada State Hosp</u> | | Length of stay in 1b <u>1-10-25</u> | |
| | | d. STREET ADDRESS (If outside, give location) <u>Unknown</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | | |
|---|---------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>W</u> Last <u>Enweiler</u> | | | 4. DATE OF DEATH Month <u>1</u> Day <u>27</u> Year <u>1957</u> | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>8-14-1882</u> | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>3</u> Days <u>13</u> Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mgr. Telephone Co.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Sales Exp</u> | | 11. BIRTHPLACE (City and state or country) <u>Calhoun Mo</u> | |
| 13. FATHER'S NAME <u>Joseph Enweiler</u> | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Ferris</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) <u>None</u> | | 16. SOCIAL SECURITY NO. <u></u> | | 17. INFORMANT <u>Edm Paper</u> Address <u></u> | |

| | | | |
|---|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Vessel Disease</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>9/yr</u> <u>7/2</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Changes</u> | | | |
| DUE TO (c) <u></u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Senile Dementia</u> | | | 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.) <u>None</u> | | |
| 20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u> | | | |
| 20d. INJURY OCCURRED WHILE AT <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>4-25-56</u> to <u>1-27-57</u> and last saw him alive on <u>1-27-57</u> Death occurred at <u>10:00</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE (Degree or title) <u>E. Allen Jenkins M.D.</u> | 22b. ADDRESS <u>Nevada, Mo.</u> | 22c. DATE SIGNED <u>1/27/57</u> |

| | | | |
|---|-----------------------------|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>1/27/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Clinton, Missouri</u> |
|---|-----------------------------|---|---|

| | | |
|---|--|---|
| 24. FUNERAL DIRECTOR ADDRESS <u>Consalus Funeral Home Clinton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>1-29-1957</u> | 26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> |
|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

Use only black ink or ribbon typewrite if possible. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

2

1

OCT 17 1951

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

Percy F. Master

Licensed Embalmer No. 480

P. O. Address Nevada, M

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