

FILED JAN 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43863

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM TOWNSHIP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JOACHIM TOWNSHIP</u>	
c. LENGTH OF STAY (in this place) <u>12 years</u>		d. STREET ADDRESS (If rural, give location) <u>NEAR JARVIS MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLAUDE</u>	b. (Middle) <u>ERWIN</u>	c. (Last) <u>ENGEL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JULY 14 1895</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>54 5 8</u>	IF UNDER 21 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>ALLENDORF IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JACOB ENGEL</u>	13b. MOTHER'S MAIDEN NAME <u>FLORENCE MOAR</u>	14. NAME OF HUSBAND OR WIFE <u>HETTIE ENGEL</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>HETTIE ENGEL</u>	ADDRESS <u>HEMATITE MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic Nephritis e</u> DUE TO (c) <u>HYPERTENSION</u>		<u>2 yrs</u> <u>7 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Audit. Menosis & ANEMIA</u>		<u>2 yrs</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592K</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 1, 1949, to Dec 21, 1949, that I last saw the deceased alive on Dec 21, 1949, and that death occurred at 7:00 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. Senn</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mercurius, Miss</u>	23c. DATE SIGNED <u>12/24/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC 24 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>JARVIS LUTHERAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JARVIS MO</u>
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DATE REC'D BY LOCAL REG. <u>Dec 27 1949</u>	REGISTRAR'S SIGNATURE <u>Clara Bellville</u>	142	25. FUNERAL DIRECTOR'S SIGNATURE <u>HEILIGTAG FUNERAL HOME</u>	ADDRESS <u>KINNSWICK MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE RECEIVED 1-25-50
JEFFERSON COUNTY HEALTH DEPT.
HALLSBORO, MISSOURI

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 _____
Student Embalmer

Signed Elmer A. Halitag
Licensed Embalmer No. 3671

P. O. Address Hiramauich, 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 this body is not embalmed, fact should be so stated above.