

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 24 1951

BIRTH NO.		REG. DIST. NO. 256		PRIMARY REG. DIST. NO. 4388		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Osage			
b. CITY OR TOWN CHAMOIS MO		c. LENGTH OF STAY (In this place) 53 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Benton TWP		0760	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) WILHELM F ENGELAGE			4. DATE OF DEATH 1-13-1951				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Oct 27-1866	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Section foreman		10b. KIND OF BUSINESS OR INDUSTRY Railroad train		11. BIRTHPLACE (State or foreign country) Frederick, Mo.	
10a.		10b.		11.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Christian Engelage		13b. MOTHER'S MAIDEN NAME Magdaline Martin		14. NAME OF WEDDING OR WIFE Emma Nolte			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-14-4432		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert W. Engelage Chamois Mo.			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerotic heart disease  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days  20 yrs.  4200	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) Chamois Mo.			
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?			
22. I hereby certify that I attended the deceased from 10-10-1950, to 1-13-1951; that I last saw the deceased alive on 12-29-1950, and that death occurred at 12:10 P.M., from the causes and on the date stated above.							
23a. SIGNATURE F. B. Farnsworth, D.O. (Degree or title)				23b. ADDRESS Chamois Mo.		23c. DATE SIGNED 1-15-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-15-51		24c. NAME OF CEMETERY OR CREMATORY Evangelical		24d. LOCATION (City, town, or county) (State) Chamois Osage Mo	
DATE REC'D BY LOCAL REG. 1-15-51		REGISTRAR'S SIGNATURE Anna Moran		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. P. Meyer Chamois Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

5960  
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FEB 21 1951

File No. \_\_\_\_\_

DISTRICT HEALTH OFFICE No. 4

JAN 23 1951

RECEIVED

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.

Signed Donald B. Steena

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4623

P. O. Address \_\_\_\_\_

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.