

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 5 1951

S. No. 300
V. 10-48

0890
1

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

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 4446 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN 0890</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HULDA</u> b. (Middle) <u>URSULA</u> c. (Last) <u>ENGBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19, 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 17, 1896</u>
9. AGE (In years last birthday) <u>55</u> Months <u>4</u> Days <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>BROWNING, O. Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S. A</u>		13a. FATHER'S NAME <u>W. P. BREEDING</u>	
13b. MOTHER'S MAIDEN NAME <u>VENA NEIGHBOR</u>		13c. NAME OF HUSBAND OR WIFE <u>JES ENGBERG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>494-30-6529</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bess Engberg</u>		ADDRESS <u>Hardin, Mo</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Portal cirrhosis</u>		<u>3 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Arteriosclerosis, hypertension, coronary insufficiency</u>		<u>8 yrs.</u>	

19a. DATE OF OPERATION <u>4/30/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____	
21d. TIME OF INJURY _____ (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Nov 15, 1950, to May 19, 1951, that I last saw the deceased alive on May 17, 1951, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>5/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>	
24d. LOCATION (City, town, or county) <u>Bucklin, Mo</u>		24e. (State) _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>May 20-1951</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lerson Funeral Service, Bucklin, Mo</u>	
_____		_____		ADDRESS _____	



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 L.A. Larson.....

Licensed Embalmer No. 4037.....

P. O. Address Bucklin, 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.