

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29867**

FILED SEP 17 1951

BIRTH NO. _____ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **5350** Registrar's No. **70**

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

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE OKla b. COUNTY Wood	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lincoln		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riva	
c. LENGTH OF STAY (in this place) 3 WKS		d. STREET ADDRESS (If rural, give location) 8357	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Joseph c. (Last) Engle			4. DATE OF DEATH (Month) (Day) (Year) 9-3-1951		
5. SEX M. O		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	
8. DATE OF BIRTH July-4-1859		9. AGE (In years last birthday) 92		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	
11. BIRTHPLACE (State or foreign country) Dallas Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Levi Engle	
13b. MOTHER'S MAIDEN NAME Rebecca Randleman		14. NAME OF HUSBAND OR WIFE MRS MARGARET ENGLE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS GRACE PETERSON		ADDRESS Urbana 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 probably ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Natural cause DUE TO (c) no inquest		INTERVAL BETWEEN ONSET AND DEATH	
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) 4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. J. B. Jones		23b. ADDRESS Buffalo Mo		23c. DATE SIGNED 9/3/51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 9-5-51		24c. NAME OF CEMETERY OR CREMATORY White Horse cem	
24d. LOCATION (City, town, or county) (State) Wood Co OKla		25. FUNERAL DIRECTOR'S SIGNATURE Wagner-Reese		ADDRESS Urbana Mo	
DATE REC'D BY LOCAL REG. 9/10/51		REGISTRAR'S SIGNATURE W. J. B. Jones		80	

DIVISION OF HEALTH OF MD.
District No. 5 - Springfield

RECEIVED

SEP 11 1951

Dist. File 951-1655-

Date Filed 9-10-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

Allen W. Vaughan

Signed.....
Student Embalmer

Licensed Embalmer No. *4156*

P. O. Address *Urbana, Md*

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.