

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

EMD FEB 2 1952

State File No.

1241

289

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (in this place) <u>10yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>5426 BONITA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5426 BONITA</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HELEN</u>	b. (Middle) <u>CHARISSA</u>	c. (Last) <u>ENGELS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 18-1952</u>
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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>NOV-18-1911</u>	9. AGE (In years last birthday) <u>40yrs</u>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. 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>AT HOME</u>	11. BIRTHPLACE (State or foreign country) <u>NEBRASKA</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ROY NATHAN BATEMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ELVA CHRISTINE STOKRAM</u>	14. NAME OF HUSBAND OR WIFE <u>WILLARD ENGELS</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>508-09-9798</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLARD H. ENGELS</u>	ADDRESS <u>5426 BONITA K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Liver + Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 1/2</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 June, 1951, to Jan 18, 1952, that I last saw the deceased alive on Jan 17, 1952, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. E. Welch</u> (Degree or title)	23b. ADDRESS <u>2608 Indeb. Ave K.C. Mo.</u>	23c. DATE SIGNED <u>Jan 19-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>JAN. 19-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WYUKA CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>LINCOLN, NEBRASKA</u>
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DATE REC'D BY LOCAL REG. <u>1-19-52</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son Inc. K.C. Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 18 1962

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.....

W. C. Rinne

working under my personal supervision.

Student Embalmer No. *409*

Signed *W. C. Rinne*
Student Embalmer

Signed *Best B. Bennett*

Licensed Embalmer No. *4656*

P. O. Address *Lansing City*

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.