

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **201-11-110**  
Registrar's No. **3007**

FILED MAR 13 1952

BIRTH NO.		REG. DIST. NO. <b>43</b>	PRIMARY REG. DIST. NO. <b>3007</b>
1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived, or institution residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Poplar Bluff</b>		c. CITY OR TOWN <b>Poplar Bluff</b>	
c. LENGTH OF STAY (in this place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>West Maude</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Poplar Bluff Hospital</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest Edward</b>		b. (Middle) <b>Engelhardt</b>	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 27, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 22, 1918</b>
9. AGE (In years last birthday) <b>33</b>		IF UNDER 1 YEAR: Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Bottling</b>	
11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Edw. A. Engelhardt</b>		13b. MOTHER'S MAIDEN NAME <b>Della Skelton</b>	
14. NAME OF HUSBAND OR WIFE <b>Willadean Engelhardt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Willadean Engelhardt Poplar Bluff Mo</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Willadean Engelhardt</b>		ADDRESS <b>Poplar Bluff Mo</b>	
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) <b>Heart failure (congestive)</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> ANTECEDENT CAUSES DUE TO (b) <b>Hypertension (essential)</b> unknown DUE TO (c) <b>Cardiac hypertrophy Right &amp; left</b> unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonia lobar right</b> 10 days <b>anemia primary / typ. microcytic</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. ACCIDENT SUICIDE HOMICIDE (Specify)		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
22. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? <b>44.3X</b>			
22. I hereby certify that I attended the deceased from <b>1-31-1952</b> , to <b>2-27-1952</b> , that I last saw the deceased alive on <b>2-24-1952</b> , and that death occurred at <b>4:10 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Wm. H. Johnson</b> (Degree or title) <b>MD.</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>	
23c. DATE SIGNED <b>3-1-52.</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-28-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn</b>		24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>March 3/1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b> <b>427</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>		ADDRESS <b>Poplar Bluff Mo.</b>	

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

124  
0

RECEIVED  
MAR 11 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 352-129

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 Joseph R. Matlock

Licensed Embalmer No. 4824

P. O. Address Opal Bluff, 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.