

STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

DEAD AUG 6 1952

REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 51124 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY BOLLINGER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY BOLLINGER	
b. CITY OR TOWN RURAL LIBERTY TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LIBERTY TWP.	
c. LENGTH OF STAY (In this place) LIFETIME		d. STREET ADDRESS (If rural, give location) NEAR LEOPOLD 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION LEOPOLD, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ROSA c. (Last) ENGELN		4. DATE OF DEATH (Month) (Day) (Year) 7-20 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-17-1881
9. AGE (In years last birthday) 70		10. C. UNDER 1 YEAR Months 9 Days 3	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.F.		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) BOLLINGER Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME WILLIAM ARZEM		13b. MOTHER'S MAIDEN NAME CECELIA CHAUNER		14. NAME OF HUSBAND OR WIFE FRANK ENGELN	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS PAUL ENGELN LEOPOLD, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure		ANTECEDENT CAUSES			
DUE TO (b) Basal skull fracture		DUE TO (c) fall from chair			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E9020 21					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION MI 9		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **7/20**, 19**52**, to **7/20**, 19**52**, that I last saw the deceased alive on **7/20**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE William M. ...		23b. ADDRESS Lutesville Mo		23c. DATE SIGNED 7/21/52	
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24a. BURIAL, CREMATION (REMOVAL) (Specify) BURIAL		24b. DATE 7-23-52		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.		24d. LOCATION (City, town, or county) (State) LEOPOLD MO	
DATE REC'D BY LOCAL REG. July 23, 52		REGISTRAR'S SIGNATURE Willie Vandenberg		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS LUTESVILLE, Mo	

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

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, 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.