

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35672

348

FILED NOV 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 348

S. No. 300  
V. 10-48

644

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

1. PLACE OF DEATH a. COUNTY <b>MARION</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>		c. LENGTH OF STAY (in this place) <b>25 Yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>		0644
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>312 NORTH FIFTH STREET</b>			d. STREET ADDRESS (If rural, give location) <b>312 NORTH FIFTH STREET</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) <b>LEANNA</b> c. (Last) <b>ENGLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 31, 1952</b>		
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>SEPT. 28, 1964</b>	9. AGE (In years last birthday) <b>88 Yrs</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ROLLS COUNTY, MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
13a. FATHER'S NAME <b>MILTON CHISHAM</b>		13b. MOTHER'S MAIDEN NAME <b>ELLEN LITTLE</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE H. ENGLE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. W. J. BARTRAM</b> - ADDRESS <b>HANNIBAL, MISSOURI</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis heart</b> DUE TO (c) <b>Diarrhea</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>  <b>16 min.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			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)		4200
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?			
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 <b>6:12 p. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>M. Conelland</b> (Degree or title)			23b. ADDRESS <b>1001 Parkway</b>		23c. DATE SIGNED <b>10-3-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-3-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BARKLEY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEW LONDON, MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>11/4/52</b>	REGISTRAR'S SIGNATURE <b>W. C. Fisher</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jack Schwartz</b> - ADDRESS <b>Hannibal, Mo.</b>		

RECEIVED NOV 8 1952  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 8 1952

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 Jack Schwartz

Licensed Embalmer No. 4900

P. O. Address Hannibal, 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.