

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30763

FILED AUG 28 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 335- PRIMARY REG. DIST. NO. 4492 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY SCOTT		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN ORAN		c. CITY (If outside corporate limits, write RURAL and give township) 1000 TOWN ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN		d. STREET ADDRESS (If rural, give location) ORAN	
3. NAME OF DECEASED a. (First) HENRY		b. (Middle) J.	
		c. (Last) ENGELEN	
4. DATE OF DEATH (Month) (Day) (Year) AUG. 16 1953			
5. SEX MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JANUARY 27 1880 '73
9. AGE (In years last birthday) 73	10. KIND OF BUSINESS OR INDUSTRY Retired Mail Carrier U. S. POSTAL	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN ENGELEN	13b. MOTHER'S MAIDEN NAME MARY VANDEVEN	14. NAME OF HUSBAND OR WIFE GERTRUDE ENGELEN	
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 GERTRUDE ENGELEN	
		ADDRESS ORAN, 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular Hypertension 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 X		19b. MAJOR FINDINGS OF OPERATION X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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)	
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 1949, to 8/16, 1953, that I last saw the deceased alive on 8/15, 1953, and that death occurred at 11:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE J. A. Cline M.D.		23b. ADDRESS Oran Mo	
		23c. DATE SIGNED 8/18/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 19 1953	24c. NAME OF CEMETERY OR CREMATORY NEW GUARDIAN ANGELS	24d. LOCATION (City, town, or county) (State) ORAN SCOTT MO.
DATE REC'D BY LOCAL REG. 8-22-53	REGISTRAR'S SIGNATURE Mrs Fred Beuphly	25. FUNERAL DIRECTOR'S SIGNATURE Carl J. Smith	
		ADDRESS ORAN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 24 1953

RECEIVED 8961 72 907

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 853-194

AUG 24 1953

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 Ed J. Smith

Licensed Embalmer No. 2676

P. O. Address Oren, 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.