

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Wilson 38007

State File No.
Registrar's No. *n/s*

FILED OCT 28 1953

BIRTH NO. _____		REG. DIST. NO. <i>336</i>		PRIMARY REG. DIST. NO. <i>6078</i>		Registrar's No. <i>n/s</i>	
1. PLACE OF DEATH a. COUNTY Shannon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Nevada b. COUNTY Clark			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN eminence		c. LENGTH OF STAY (in this place) 2 days		c. CITY OR TOWN Boulder City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 8270 8			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLOTTE			b. (Middle) JUNE			c. (Last) ENGLE	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 18-1953		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NM	
8. DATE OF BIRTH April 29-1953		9. AGE (In years last birthday) 4		IF UNDER 1 YEAR 20 Days		IF UNDER 2 HRS. 0 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Boulder City, Nevada		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Junior Engle			13b. MOTHER'S MAIDEN NAME Katheryn Mirl Holt			14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME Elmer Calahan Eminence, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Toxic Diarrhea				INTERVAL BETWEEN ONSET AND DEATH 2 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown 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"/>	
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) 5710 (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 9/18/1953 , that I last saw the deceased alive on 9/18/1953 and that death occurred at 4:10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Clarence F. Wilson, D.O. (Degree or title)				23b. ADDRESS Eminence, Mo.		23c. DATE SIGNED 9/19/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9-19-53		24c. NAME OF CEMETERY OR CREMATORY Boulder City		24d. LOCATION (City, town, or county) (State) Boulder City, Nevada	
DATE REC'D BY LOCAL REG. 10-26-53		REGISTRAR'S SIGNATURE Mabel Rice 447		25. FUNERAL DIRECTOR'S SIGNATURE Duncan Funeral Home Mtn View, Mo. ADDRESS _____			

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

2010

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.....
Signature of Student Embalmer

Signed *Joe R. Duncan*.....

Licensed Embalmer No. *4325*

P. O. Address *Mt. View, Va.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.