

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32989

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 61

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EVA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>ENGLEHART</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4, 1882</u>	9. AGE (In years last birthday) <u>72</u>	10. YEARS UNDER 1 YEAR <u>0</u>	11. DAYS UNDER 1 HOUR <u>7</u>	12. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bus</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JAMES SETTLE</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE HUDSON</u>	14. NAME OF HUSBAND OR WIFE <u>ANDREW ENGLEHART</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Robert Cooper</u>	ADDRESS <u>Lutesville</u>
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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 <u>2 1/2 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> 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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lutesville Ballinger MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <u>Oct 11 1954 8:25</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 10, 1954, to Oct 11, 1954, that I last saw the deceased alive on Oct 11, 1954, and that death occurred at 8:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Everette L. Price D.O.</u>	23b. ADDRESS <u>Lutesville, Missouri</u>	23c. DATE SIGNED <u>10-12-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 13-54</u>	REGISTRAR'S SIGNATURE <u>Phillip VanCough</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>	ADDRESS <u>Lutesville, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0090

11/10/54

OCT 20 19

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 *A. J. Baker*

Licensed Embalmer No. *3573*

P. O. Address *Sturtevant 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.