

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33585

State File No.

FILED NOV 1 - 1954

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 970-A

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| 1. PLACE OF DEATH a. COUNTY <u>Greene</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | c. LENGTH OF STAY (In this place) <u>66 years</u> | c. CITY OR TOWN <u>Springfield</u> | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>2110 N. Broadway Avenue</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>FRANK</u> | b. (Middle) <u>----</u> | c. (Last) <u>ENGELKING</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>October 20, 1954</u> |
|--|-------------------------|----------------------------|--|

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|--------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>1 Oct. 1888</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Mechanist</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railroad</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>August Engelking</u> | 13b. MOTHER'S MAIDEN NAME <u>Lena Mencing</u> | 14. NAME OF HUSBAND OR WIFE <u>Dorothy Engelking</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. I</u> | 16. SOCIAL SECURITY NO. <u>702-07-7120</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Engelking</u> | ADDRESS <u>2110 N. Broadway, Springfield, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INVESTIGATION OF ONSET AND DEATH <u>4 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic Cystitis</u> | | |
| | ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial Pneumonia</u> | | 19 days | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>350 X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Sept 10, 1954 to Oct 20, 1954, that I last saw the deceased alive on Sept 19, 1954, and that death occurred at 11:15 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Walter M. D.</u> | (Degree or title) | 23b. ADDRESS <u>Springfield, Mo.</u> | 23c. DATE SIGNED <u>10-23-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>23 Oct. 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>10-25-54</u> | REGISTRAR'S SIGNATURE <u>Walter Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Thieme</u> | ADDRESS <u>Springfield, Missouri</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

NOV 1 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.....
Signature of Student Embalmer

Signed *Ralph H. Lively*.....

Licensed Embalmer No...3681...
Springfield,
P. O. Address...Missouri.....

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.