

FILED NOV 15 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4381

34740

State File No. _____

4391

Registrar's No. 257

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. _____		Registrar's No. 257			
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Nodaway</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Mo.</p>				b. COUNTY <p style="text-align: center;">Nodaway</p>	
d. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Hopkins</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">8 months</p>		c. CITY (If outside corporate limits, write RURAL and give township) <p style="text-align: center;">Hopkins</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">0740 0</p>			
3. NAME OF DECEASED (Type or Print)			a. (First) <p style="text-align: center;">Milton</p>		b. (Middle) <p style="text-align: center;">---</p>		c. (Last) <p style="text-align: center;">Engle</p>		
4. DATE OF DEATH (Month) (Day) (Year)		Oct. 27, 1954		5. SEX <p style="text-align: center;">Male</p>		6. COLOR OR RACE <p style="text-align: center;">White</p>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		Married		8. DATE OF BIRTH <p style="text-align: center;">Dec. 17, 1881</p>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. Min.			
72		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>		10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Retired</p>		11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Sheridan, Mo.</p>			
12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>		13a. FATHER'S NAME <p style="text-align: center;">Jesse Engle</p>		13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Lucy Allyn</p>		14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Grace Engle</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">no</p>		16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <p style="text-align: center;">Mrs Grace Engle, Hopkins, Mo.</p>					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <p style="text-align: center;">MEDICAL CERTIFICATION</p> <p style="text-align: center;">Coronary thrombosis, few minutes</p> <p style="text-align: center;">Arterio sclerosis 54 yrs</p>				INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">54 yrs</p>	
ANTECEDENT CAUSES Morbid 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.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">4201</p>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
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 <u>11/1, 1954</u> , to <u>10/27, 1954</u> , that I last saw the deceased alive on <u>10/27, 1954</u> and that death occurred at <u>8:30 P. M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or Title) <p style="text-align: center;">C. W. Turk MD</p>				23b. ADDRESS <p style="text-align: center;">Hopkins</p>		23c. DATE SIGNED <p style="text-align: center;">10/29/54</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>		24b. DATE <p style="text-align: center;">10-30-54</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Hopkins</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Hopkins, Mo.</p>			
DATE REC'D BY LOCAL REG. <p style="text-align: center;">11-13-54</p>		REGISTRAR'S SIGNATURE <p style="text-align: center;">Gess Holt 10/29</p>		25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Stanley Swanson</p>		ADDRESS <p style="text-align: center;">Hopkins, Mo.</p>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

myself

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Stanley Spawson

Licensed Embalmer No. 3963

P. O. Address Hopkins, 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.