

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41594

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 94

550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Verona Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Verona Rural</u> <u>0550</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2 miles west of Verona</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 miles west of Verona</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>H.</u> c. (Last) <u>Engeldorf</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 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>1/24/1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrence County</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Engeldorf</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lawrence</u>	14. NAME OF HUSBAND OR WIFE <u>Eshter Engeldorf</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Esther Engeldorf</u>	ADDRESS <u>Verona, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Nov. 9</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Acute Cor Pulmonale</u> DUE TO (c) <u>Lobar Pneumonia</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>490X</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 Nov. 9, 1954, to Dec. 23, 1954, that I last saw the deceased alive on Dec. 22, 1954 and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. Amy Watson, D.O.</u>	23b. ADDRESS <u>Verona, Mo.</u>	23c. DATE SIGNED <u>12-24-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-5-55</u>	REGISTRAR'S SIGNATURE <u>Dr. Mc Natt</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran L. [Signature]</u>	ADDRESS <u>Aurora, Mo.</u>
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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 _____

Mystic

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Paul L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Arma MD*

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.