

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21649**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **4138** Registrar's No. **39**

|  |                                   |  |   |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Dallas</b>   |                                   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <b>Buffalo</b> | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <b>Buffalo</b>   | d. Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |                                   | e. STREET ADDRESS (If rural, give location) <b>0200</b>  |   |

|  |                               |   |  |   |  |
|--|-------------------------------|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print)  |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)  |   |  |
| a. (First) <b>Rose</b>   | b. (Middle) <b>H.</b>         | c. (Last) <b>Engle</b>  | 7  | 11  | 1955   |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>1-13-1877</b>  | 9. AGE (In years last birthday) <b>78</b> | IF UNDER 1 YEAR Months <b>5</b> Days <b>29</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>                         | 11. BIRTHPLACE (City and State or Foreign Country) <b>Dallas County Missouri</b> |   | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>     |

|  |  |   |   |  |  |
|--|--|---|---|--|--|
| 13a. FATHER'S NAME <b>John N. McConnell</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Martha Routh</b> |   | 14. NAME OF HUSBAND OR WIFE <b>Jessie D. Engle</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> |  | 16. SOCIAL SECURITY NO. _____                 | 17. INFORMANT'S SIGNATURE OR NAME <b>Miss Beryl Engle</b> ADDRESS <b>Buffalo, Mo.</b> |  |  |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   | MEDICAL CERTIFICATION  |  | INTERVAL BETWEEN ONSET AND DEATH <b>24 hours</b> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>  | ANTECEDENT CAUSES (b) <b>Arteriosclerosis</b>  |  |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <b>4201</b> |  |  |
| 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) (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 **1955**, to **7-11**, 19**55**, that I last saw the deceased alive on **7-11**, 19**55**, and that death occurred at **6:30** p.m., from the causes and on the date stated above.

|   |   |   |  |
|---|---|---|--|
| 23a. SIGNATURE (Degree or title) <b>P. O. Gammann</b>   | 23b. ADDRESS <b>M.D. Buffalo Mo</b>       | 23c. DATE SIGNED <b>7-15-55</b>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>7-14-1955</b>                | 24c. NAME OF CEMETERY OR CREMATORY <b>Union Home Cemetery</b>                               | 24d. LOCATION (City, town, or county) (State) <b>Dallas County, Missouri</b> |
| DATE REC'D BY LOCAL REG. <b>7-16-55</b>                 | REGISTRAR'S SIGNATURE <b>Grace Petrus</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>L. B. Jones</b> ADDRESS <b>Funeral Home Buffalo, Mo</b> |  |

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

NOV 10 1955

AUG 20 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Howard J. [Signature]*  
Licensed Embalmer No. 250

Licensed Embalmer No. 250

P. O. Address *Buffalo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.