

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19627**

**FILED JUN 25 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **673**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Buchanan</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>4 1/2 yrs</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital # Two</b>		e. STREET ADDRESS (If rural, give location) <b>1021 Edmond Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Inez Engelmier</b>		a. (First) <b>Inez</b>	b. (Middle) <b>---</b>
c. (Last) <b>Engelmier</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>June 18th 1956</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Feb. 3rd 1892</b>
<b>9. AGE</b> (In years) (Month) (Day) (Year) <b>64 yrs</b>	IF UNDER 1 YEAR: Hours _____ Minutes _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>none</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Deepwater, Missouri.</b>
<b>13a. FATHER'S NAME</b> <b>Alfred Harris</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emma Turner</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Walter Engelmier</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No none</b>	<b>16. SOCIAL SECURITY NO.</b> <b>497-12-2819</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Mrs. Grace Barnes, 1904 Faraon Street,</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b> <b>St. Joseph, Mo.</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> <b>Syphilitic Menengo Encephalitis</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Syphilis</b>	
DUE TO (c) _____		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>025X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from Feb 29th, 1956, to June 18, 1956, that I last saw the deceased alive on June 16, 1956, and that death occurred at 10:35a.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Forrest Thomas M.D.</b>		<b>23b. ADDRESS</b> <b>St. Joseph, Mo. 64501</b>	<b>23c. DATE SIGNED</b> <b>6-18-56</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>(Burial)</b>	<b>24b. DATE</b> <b>June 20 1956</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Memorial Park Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Joseph, Missouri.</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>June 21, 1956</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carner M. Allison</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Alison</b>
<b>ADDRESS</b> <b>St. Joseph, Mo.</b>		<b>ADDRESS</b> <b>St. Joseph, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

85

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.....  
Raymond M. Marsh

Licensed Embalmer No..... 40

P. O. Address..... Springfield

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.