

FILED NOV 5 1957

STANDARD CERTIFICATE OF DEATH

35788

STATE FILE NUMBER 4737

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

S. 300  
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1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bates</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Rich Hill</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Research Hospital</b>		Length of stay in 1b <b>2 weeks</b>	d. STREET ADDRESS (If outside, give location) <b>1021 Vine</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lillie</b> Middle <b>Edna</b> Last <b>Engels</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>13,</b> Year <b>1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 13, 1884</b>	9. AGE (In years last birthday) <b>73</b>	FUNDER 1 YEAR Months Days
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	11. BIRTHPLACE (City and state or country) <b>Rich Hill, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>James Ashby</b>		13b. MOTHER'S MAIDEN NAME <b>Anna White</b>		14. NAME OF HUSBAND OR WIFE <b>Ted Engels</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. <b>None</b>	17. INFORMANT Address <b>Ted Engels Rich Hill, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <b>Chronic Myocarditis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		DUE TO (c) <b>Bilateral bronchopneumonia</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. <b>Post-operative incarcerated inguinal hernia</b>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>4200</b>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <b>10-4-57</b> to <b>10-13-57</b> and last saw her alive on <b>10-12-57</b> . Death occurred at <b>8 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Walter Cummins M.D.</b> (Degree or title)			22b. ADDRESS <b>1612 Prop Bldg</b>		22c. DATE SIGNED <b>10-14-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Oct. 13, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Greenlawn</b>		23d. LOCATION (City, town, or county) (State) <b>Rich Hill, Missouri</b>
24. FUNERAL DIRECTOR <b>Stine &amp; McClure Undertaking Co.</b>		ADDRESS <b>K. C., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10-14-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Walter Cummins

No. 2-462 of  
will be in office at 2:00 PM.  
KP 2

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 *William M. Furnal*

Licensed Embalmer No. *4648*  
P. O. Address *Kansas City*

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.