

Health, welfare, public service

FILED FEB 3 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **906**
Registrar's No. **86**

Registration District No. **128** Primary Registration District No. **2000**

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| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | c. CITY OR TOWN Springfield, Mo. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mercy Hospital | | d. STREET ADDRESS 1314 N. Clay | |
| Length of stay in lb 74 years | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

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| 3. NAME OF DECEASED (Type or print) First Henry Middle H. Last Engelking | | | 4. DATE OF DEATH Month January Day 23 Year 1958 | | |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH November 25, 1883 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months 1 Days 18 | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 10b. KIND OF BUSINESS OR INDUSTRY Jewelry | 11. BIRTHPLACE (City and state or country) Springfield, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME August H. Engelking | 13b. MOTHER'S MAIDEN NAME Lena Manson | 14. NAME OF HUSBAND OR WIFE Margaret Anna Engelking |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | 16. SOCIAL SECURITY NO. | 17. INFORMANT Mrs. Agnes Krueger | Address Springfield, Mo. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-vascular thrombosis 24da. with complete left hemiplegia | | INTERVAL BETWEEN ONSET AND DEATH 332X |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | |

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| 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.) |
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|---|---|---|---|-------------------|------------------|
| 20c. TIME OF INJURY Hour 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 |
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| 21. I attended the deceased from Dec 31 '57 to Jan 23, 58 and last saw him alive on Jan 21, 58 Death occurred at 10:35 P. m on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Don J. Silsby M.D. (Degree or title) | 22b. ADDRESS Springfield, Mo. | 22c. DATE SIGNED 1/24/58 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 26, 1958 | 23c. NAME OF CEMETERY OR CREMATORY St. Peters | 23d. LOCATION (City, town, or county) (State) Billings, Missouri |
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| 24. FUNERAL DIRECTOR Garman - Schopf & Sons, Inc. Springfield, Missouri (Licensed Embalmer's Statement on Reverse Side) | 25. DATE RECD. BY LOCAL REG. 1-27-58 | 26. REGISTRAR'S SIGNATURE Effie G. Melton |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

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 *Lewis J. Schaff*

Licensed Embalmer No. *3802*
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.