.S. No. 300
EV. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024539
State File No.

FILED JUL 25 1958

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4034 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN: Hume RURAL (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: ~~Howard Typ.~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Grandview 7000
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 13722 Winchester

3. NAME OF DECEASED (Type or Print)
a. (First): ~~Henry~~
b. (Middle): Edwin Henry
c. (Last): Engleman

4. DATE OF DEATH (Month) (Day) (Year): July 13, 1958

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 10, 1920 ~~Mar. 10, 1921~~
9. AGE (In years last birthday): ~~37~~ 37. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager
10b. KIND OF BUSINESS OR INDUSTRY: Body repair Shop
11. BIRTHPLACE (City and State or Foreign Country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wallace Engleman
13b. MOTHER'S MAIDEN NAME: Zella Griffin
14. NAME OF HUSBAND OR WIFE: Leora Engleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W W II
16. SOCIAL SECURITY NO.: 432-46-3459
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Leora Engleman 13722 Winchester Grandview Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

Corr by afdvt 8/4/58 jf

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning, accidental — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Strip pit.
21c. (CITY, TOWN, OR TOWNSHIP) 007 **(COUNTY)** **(STATE)**: Near Hume, Bates, Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7 13 58 9 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell out of boat.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 7/13, 1958 *and that death occurred at* 9 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Douglas Ronald MD Coroner
23b. ADDRESS: Butler, Mo.
23c. DATE SIGNED: 7/14/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-14-58
24c. NAME OF CEMETERY OR CREMATORY: Removal to E. K. George
24d. LOCATION (City, town, or county) (State): Belton, Missouri

DATE REC'D BY LOCAL REG.: July 11 58
REGISTRAR'S SIGNATURE: Randall Young
25. FUNERAL DIRECTOR'S SIGNATURE: Earl A. Torneden
ADDRESS: TORNEDEN FUNERAL HOME PLEASANTON ~~KANSAS~~

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1959

JUL 28 1958

VS MAY 14 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl W Forneden

Licensed Embalmer No. 3587

P. O. Address Pleasanton Ka

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

AUG 4 1958