

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

361-023984

STATE FILE NUMBER

AMENDED

Registration District No. 27

Primary Registration District No. 3005

Registrar's No. 93

FILED JUL 26 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Bates			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Bates		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler, Mo.		Length of stay in 1b 3 months		c. CITY OR TOWN Butler	
c. FULL NAME OF (If NOT in hospital, give hospital name) HOSPITAL OR INSTITUTION Bates Co. Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 East Dakota	
3. NAME OF DECEASED (Type or print) First Middle Last Pricilla Minerva Engle			4. DATE OF DEATH Month: July Day: 11 Year: 1961		
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH 6-29-1885		9. AGE (last birthday) 75 76		IF UNDER 1 YEAR Months: 0 Days: 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY Cedar Rapids, Iowa		11. BIRTHPLACE (City and state or country) U.S.A.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Wm. H. Upham		13b. MOTHER'S MAIDEN NAME Elgivia Lyon	
14. NAME OF HUSBAND OR WIFE Fred Engle		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Fred Engle		Address Butler, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremic Coma Cardiac decompensation</u> DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>Left bundle branch lesion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Myocardial infarction</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour: _____ a.m. _____ p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <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 <u>Mar. 7-1961</u> to <u>7-11-61</u> and last saw her/him alive on <u>7-11-61</u> Death occurred at <u>Butler Mo</u> <u>6 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>A. L. Hanson M.D.</u>			22b. ADDRESS <u>Butler Mo</u>		22c. DATE SIGNED <u>7-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7-15-61		23c. NAME OF CEMETERY OR CREMATORY Pleasanton	
23d. LOCATION (City, town, or county) (State) Pleasanton, Kansas		24. FUNERAL DIRECTOR Culver Underwood		25. DATE RECD. BY LOCAL REG. July 15-61	
ADDRESS Butler, Mo.		26. REGISTRAR'S SIGNATURE <u>Nendall Kersing</u>			

JUL 27 1961

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

John J. Henderson

Licensed Embalmer No. 8585

P. O. Address Butler, N.J.

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.