MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=62-000609

STATE FILE NUMBER

AMENDED

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 79

FILED FEB 13 1962

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson — Length of stay in 1b: 1 year
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deal Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Cape Girardeau
c. CITY OR TOWN Cape Girardeau — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Unknown — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Laura Middle C Last Engler
4. DATE OF DEATH: Month January Day 23 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Oct171878
9. AGE (last birthday): 83
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and state or country): Arnsberg, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Dickman
13b. MOTHER'S MAIDEN NAME: Minnie Kroman
14. NAME OF HUSBAND OR WIFE: Louis Engler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: Ray Engler, Oak Ridge, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-19-61, to 1-23-62 and last saw ~~him~~ her alive on 1-18-62
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. N. Jaeger (Degree or title) MD
22b. ADDRESS Jackson, Mo
22c. DATE SIGNED 1-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan251962
23c. NAME OF CEMETERY OR CREMATORY Old Goshen
23d. LOCATION (City, town, or county) (State) Oak Ridge, Missouri

24. FUNERAL DIRECTOR S.C. Cracraft ADDRESS Jackson, Mo
25. DATE RECD. BY LOCAL REG. 2-7-1962
26. REGISTRAR'S SIGNATURE Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____

Licensed Embalmer No. 4327

P. O. Address _____

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.