

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010227

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 53

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 9 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Clay</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) <u>North Kansas City</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Clay</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>NKC Memorial Hospital</u>		c. CITY OR TOWN <u>Kansas City North</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <u>4405 N. Oak St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
<u>BERTHA CAROLINE ENGELBERT</u>	<u>April 4 1962</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-24-1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Richmond, Indiana</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Thaddeus Personett</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Katherine Myers</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Engelbert</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Mr. Frank Engelbert</u>	Address <u>4405 N Oak St.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Acute Respiratory Failure</u>	<u>5m</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Carcinomatosis</u>	<u>1yr</u>
DUE TO (c) <u>Carcinoma of Breast</u>	<u>10yr</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Serifity, electrolyte imbalance</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
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 March 15 to April 3 and last saw her alive on April 3, 1962
Death occurred at 4:00 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Samuel Boone MD</u>	22b. ADDRESS <u>2025 Swift NKE, Mo 64562</u>	22c. DATE SIGNED <u>4-5-62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-6-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
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24. FUNERAL DIRECTOR <u>Melody-McGilley-Eylar</u>	ADDRESS <u>Antioch 3325 Vivion Rd.</u>	25. DATE RECD. BY LOCAL REG. <u>4-5-62</u>	26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59

16004
260082

3

4 1

5 1

6

7 1

8 0

9 170 X

10

11

12 6-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Mr. Poore
2025 Swift
Ba 1-0058

Hours: 10:00 to 5:00

APR 10 1962

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 Hal Froubough

Licensed Embalmer No. 3408

P. O. Address Indep., Mo.

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.