

FILED FEB 3 1953

STANDARD CERTIFICATE OF DEATH

State File No. 2763

BIRTH NO. _____ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY St. Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Appleton Township (Rural)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ellett Memorial Hospital		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Monica b. (Middle) Emma c. (Last) Engeman			4. DATE OF DEATH (Month) (Day) (Year) Jan 27 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 6, 1896
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) New York
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Heimer		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Joseph Frank Engeman
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'S SIGNATURE OR NAME ADDRESS Leo F. Engeman Appleton City, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 6 weeks.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Paroxysmal ventricular tachycardia terminally. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **12-13-52**, 19___, to **1-27-53**, 19___, that I last saw the deceased alive on **1-27-53**, 19___, and that death occurred at **6:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE R. A. Dickman	(Degree or title) M.D.	23b. ADDRESS Appleton City Mo.	23c. DATE SIGNED 1/28/53
24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-31-1953	24c. NAME OF CEMETERY OR CREMATORY Montrose Catholic	24d. LOCATION (City, town, or county) (State) Montrose Mo
DATE REC'D BY LOCAL REG. Jan 30 1953	REGISTRAR'S SIGNATURE Olso Abney	25. FUNERAL DIRECTOR'S SIGNATURE Dickman & Jimmy Clinton	ADDRESS Mo

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

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
Student Embalmer

Signed Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton me

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 this body is not embalmed, fact should be so stated above.