

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15956

State File No. ....

FILED JUN 1 1955

BIRTH NO. ....		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>2040</u>		Registrar's No. <u>101</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Livingston</u>				a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Larado</u> <u>0400</u>			
c. LENGTH OF STAY (in this place) <u>36 hours</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi S.W. Larado</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Delbert</u>		b. (Middle)		c. (Last) <u>Engleman</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1955</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 27 1887</u>	9. AGE (In years last birthday) <u>67</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>23</u>	11. UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Larado Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Engleman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann White</u>		14. NAME OF HUSBAND OR WIFE <u>Victoria Neely Engleman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kathleen Jenkins Larado</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					
		ANTECEDENT CAUSES DUE TO (b) <u>Chr. Myocarditis</u>					
		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 <u>4201</u>				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 <u>May 19, 1955</u> , to <u>May 20, 1955</u> , that I last saw the deceased alive on <u>5/19/55</u> , and that death occurred at <u>3 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Dowd, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>5/24/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillico Missouri</u>	
DATE REC'D BY LOCAL REG. <u>5-21/55</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Robertson Funeral Home Larado Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1956

### 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

*J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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 this body is not embalmed, fact should be so stated above.