

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032634

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 217

STATE FILE NUMBER

AMENDED

FILED SEP 25 1961

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Calhoun</u>		Length of stay in lb <u>Life</u>	c. CITY OR TOWN <u>Calhoun</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Calhoun Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Calhoun Mo</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ivan</u> Middle <u>Ellsworth</u> Last <u>Engelhart</u>			4. DATE OF DEATH Month <u>September</u> Day <u>14</u> Year <u>1961</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>11-22-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chicken Sexer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hatchery</u>	11. BIRTHPLACE (City and state or country) <u>Calhoun Mo</u>
13a. FATHER'S NAME <u>Fredrick G Engelhart</u>		13b. MOTHER'S MAIDEN NAME <u>Bertha Hazen</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Frances Engelhart</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>491-03-6193</u>	17. INFORMANT <u>Anna F. Engelhart</u> Address <u>Calhoun Mo</u>
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>Acute Circulatory Collapse</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
DUE TO (b) <u>Acute Myocardial Infarction</u>			<u>3 hrs</u>
DUE TO (c) <u>Coronary Artery Disease</u>			<u>1 1/2 yrs</u>
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. <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 _____ Month, Day, Year _____ a.m. _____ p.m. _____			
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>3-4-60</u> to <u>9-14-61</u> and last saw her/him alive on <u>2-17-61</u> Death occurred at <u>8:45 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE (Degree or title) <u>Claude M. Shurber, M.D.</u>		21b. ADDRESS <u>Windsor, Mo</u>	21c. DATE SIGNED <u>9/17/61</u>
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>9-17-61</u>	22c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Mo</u>	22d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>
24. FUNERAL DIRECTOR <u>Housey Funeral Home Calhoun Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 18, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Waldred Bigum</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert L Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.