

124

STATE FILE NUMBER

69 0050796

CERTIFICATE OF DEATH

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 249

DO NOT WRITE  
ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST 1. Roxie Victoria Engleman		SEX 2. F	DATE OF DEATH (MONTH, DAY, YEAR) 3. Dec. 19, 1969
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) 4. White	AGE—LAST BIRTHDAY (YEARS) MONTH DAY 5. 77 2 20	DATE OF BIRTH (MONTH, DAY, YEAR) 6. Sept 29, 1892	COUNTY OF DEATH 7a. Livingston
CITY, TOWN, OR LOCATION OF DEATH 7b. Chillicothe	INSIDE CITY LIMITS (SPECIFY YES OR NO) 7c. yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) 7d. Chillicothe Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8. Mo.	CITIZEN OF WHAT COUNTRY 9. U.S.A.	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) 10. Widowed	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) 11. Kathleen Jenkins
SOCIAL SECURITY NUMBER 12. 569-38-0890-A	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) 13a. Housewife	KIND OF BUSINESS OR INDUSTRY 13b.	
RESIDENCE—STATE 14a. Mo	COUNTY 14b. Livingston	CITY, TOWN, OR LOCATION 14c. Chillicothe	INSIDE CITY LIMITS (SPECIFY YES OR NO) 14d. yes
FATHER—NAME FIRST MIDDLE LAST 15. Norman Newton Neely		MOTHER—MAIDEN NAME FIRST MIDDLE LAST 16. Henniferita Cassity	
INFORMANT—NAME 17a. Kathleen Jenkins		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 17b. 1209 Monroe Chillicothe, Mo. 64601	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE (a) <i>Cerebrovascular disease</i> DUE TO, OR AS A CONSEQUENCE OF: (b) DUE TO, OR AS A CONSEQUENCE OF: (c)			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.	DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOUR 20c.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20d.
INJURY AT WORK (SPECIFY YES OR NO) 20e.	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS 20h. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN: 21a. I ATTENDED THE DECEASED FROM 11-7-69 TO 12-19-69	21b. 12-19-69	21c. 12-19-69	21d. 2:45 A.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			
22a. 2:40 A.M.		22b. 12-19-69	
CERTIFIER—NAME (TYPE OR PRINT) 23a. D. M. Dowell M.D.	SIGNATURE 23b. [Signature]	REG. OR. TITLE 23c. M.D.	DATE SIGNED (MONTH, DAY, YEAR) 23d. 12-19-69
MAILING ADDRESS—CERTIFIER 23e. 913 Nebraska		CITY OR TOWN 23f. Chillicothe	STATE 23g. Mo
BURIAL, CREMATION, REMOVAL (SPECIFY) 24a. Burial	CEMETERY OR CREMATORY—NAME 24b. Plainview	LOCATION 24c. Chula, Mo.	
DATE 24d. 12-31-69	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 24e. Linsley Funeral Home (Chillicothe, Mo. 64601)		
FUNERAL DIRECTOR—SIGNATURE 25a. [Signature]	REGISTRAR—SIGNATURE 25b. [Signature]	DATE RECEIVED BY LOCAL REGISTRAR 25c. Dec. 21, 1969	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

Type or print in  
PERMANENT BLACK INK.  
See handbook for instructions.

9. 1  
10a. 77  
10b.  
11. 0  
12. 2  
13. 5719  
14.  
15. 9  
16.  
17.  
18. 0  
19. CREDITS  
20. 1-0

DEC 31 1966

### 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. 4822

P. O. Address Chillicothe  
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.