

RECEIVED JUL 19 1949

STANDARD CERTIFICATE OF DEATH

6011 State File No. **24431**

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

BIRTH NO. _____		REG. DIST. NO. 294	PRIMARY REG. DIST. NO. 3056	Registrar's No. 157
1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph		
b. CITY OR TOWN Milton		c. CITY OR TOWN Milton		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED a. (First) John b. (Middle) Engle c. (Last) Engle		4. DATE OF DEATH (Month) July (Day) 11 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 30 1875	9. AGE (In years) (last birthday) 73 Months 8 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME John Engle		13b. MOTHER'S MAIDEN NAME Jane Quisenberry		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME H.J. Engle ADDRESS Moberly, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hanging By the neck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				6974X
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) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Milton Randolph Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 11th 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? By hanging caused by his hands		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7 P m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Chas. A. Barnes } Coroner		23b. ADDRESS Moberly Mo.		23c. DATE SIGNED July-12-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 13 1949	24c. NAME OF CEMETERY OR CREMATORY Antioch		24d. LOCATION (City, town, or county) (State) Moberly Mo
DATE REC'D BY LOCAL REG. July 13-49	REGISTRAR'S SIGNATURE Leah Williams	FUNERAL DIRECTOR'S SIGNATURE Low Mahon and son		ADDRESS Moberly Mo

JUL 18 1949

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District Health Officer No.

District File Number 7-49-12

Date Filed JUL 18 1949

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

Frank D DeWalt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.