

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16713
2380

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 50 yr		d. STREET ADDRESS (If rural, give location) 6408 E. 40 St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Jasper b. (Middle) Newton c. (Last) Engle			4. DATE OF DEATH (Month) (Day) (Year) 5 27 50
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 10-1867
9. AGE (In years last birthday) 82		10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Lexington Mo
12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME John Engle		13b. MOTHER'S MAIDEN NAME Mary Robinson	14. NAME OF HUSBAND OR WIFE Nola M. Engle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-24-5555	17. INFORMANT'S SIGNATURE OR NAME Nola M. Engle ADDRESS Kansas 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lower third of esophagus with local, mediastinal, peritoneal and metastases ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Pulmonary congestion and edema Emaciation Post operative gastrorrhaphy	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 150X	
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)	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 May 9, 1950, to May 27, 1950, that I last saw the deceased alive on May 27, 1950, and that death occurred at 7 A. m., from the causes and on the date stated above.			
23a. SIGNATURE B. J. Burns (Degree or title)		23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-27-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-29-50	24c. NAME OF CEMETERY OR CREMATORY Oak Hill	24d. LOCATION (City, town, or county) (State) Butler Mo.
DATE REC'D BY LOCAL REG. 5-27-50		REGISTRAR'S SIGNATURE Geraldine Holmer	
25. FUNERAL DIRECTOR'S SIGNATURE Wagner Funeral Home		ADDRESS R. C. Mo.	

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 Alvin R. Haenschel

Licensed Embalmer No. 4159

P. O. Address Kansas City

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.