

FILED JUL 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19589

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 215

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>CAPE GIRARDEAU</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU</u>	
c. LENGTH OF STAY (In this place) <u>2 DAYS</u>		0164	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SOUTH EAST Missouri Hosp</u>		d. STREET ADDRESS (If rural, give location) <u>23 NORTH HANOVER ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MASON</u> b. (Middle) <u>DALE</u> c. (Last) <u>ENGLEHART</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 3 1950</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR. 5, 1906</u>	9. AGE (In years last birthday) <u>44</u>	10. MONTHS <u>2</u> 11. DAYS <u>28</u> 12. HOURS <u>1</u> MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AUTOMOBILE</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>ANDREW ENGLEHART</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA SETTLE</u>	14. NAME OF HUSBAND OR WIFE <u>HELEN ENGLEHART</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>490-057544</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HELEN ENGLEHART</u> ADDRESS <u>33 N. HANOVER CAPE GIRARDEAU, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>and myocardial infarction</u>		
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>U-201</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 1, 1950, to July 3, 1950, that I last saw the deceased alive on July 3, 1950, and that death occurred at 2:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles E. Wilson M.D.</u> (Degree or title)	23b. ADDRESS <u>714 Broadway Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>7-7-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-5-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HUTESVILLE Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-7-1950</u>	REGISTRAR'S SIGNATURE <u>L.O. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>44</u> ADDRESS <u>BAKER FUNERAL HOME HUTESVILLE, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1693
0164

JUL 20 1950

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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. E. Graham

Licensed Embalmer No. 4010

P. O. Address Litchville, Me

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.