

FILED JAN 22 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 670

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4158 Registrar's No. 6

0300

1. PLACE OF DEATH a. COUNTY <i>Dallas</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Dallas</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Buffalo</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Buffalo</i>	
c. LENGTH OF STAY (In this place) <i>Life</i>		0300	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles</i> b. (Middle) <i>Levi</i> c. (Last) <i>Engle</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Jan. 1 1951</i>		
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5. SEX <i>M O</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 13, 1890</i>	9. AGE (In years last birthday) <i>60</i>	10. UNDER 1 YEAR Months <i>7</i> Days <i>18</i>	11. UNDER 18 HRS. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Ben Franklin Store</i>	11. BIRTHPLACE (State or foreign country) <i>Buffalo, Dallas County</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Engle</i>	13b. MOTHER'S MAIDEN NAME <i>Caldonia Russell</i>	14. NAME OF HUSBAND OR WIFE <i>V. Ethel Engle</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs V Ethel Engle</i> ADDRESS <i>Buffalo Mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>4500</i> <i>6 mos</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio Sclerosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Familial</i> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arterio Sclerotic dementia</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 *Jan 1, 1951* to *Jan 1, 1951*, that I last saw the deceased alive on *Jan 1, 1951*, and that death occurred at *1040 E. 11th* from the causes and on the date stated above.

23a. SIGNATURE <i>L B Pleminier M.D.</i> (Degree or title)	23b. ADDRESS <i>Buffalo Mo</i>	23c. DATE SIGNED <i>1-5-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>1-3-1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24d. LOCATION (City, town, or county) (State) <i>Buffalo Mo</i>
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DATE REC'D BY LOCAL REG. <i>1/13/51</i>	REGISTRAR'S SIGNATURE <i>Mrs J. S. James</i>	80	25. FUNERAL DIRECTOR'S SIGNATURE <i>L B Jones</i> ADDRESS <i>Buffalo Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 18 1951

Dist. File 121-139

Date Filed 1-16-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Edward B. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2508

P. O. Address Buffalo, 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.