No. 300
10.48

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

FILED JUN 7 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 19147

BIRTH NO. ____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4486 Registrar's No. 32

1000

**1. PLACE OF DEATH**
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton
c. LENGTH OF STAY (in this place): 48 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Benton, Mo

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Benton, Mo 1000
d. STREET ADDRESS (If rural, give location): Benton, Mo 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): Alvin
c. (Last): English

**4. DATE OF DEATH** (Month) (Day) (Year): April, 28, 1951

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: June, 26, 1873
**9. AGE** (In years last birthday): 77
IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HRS.: Hours ____ Min. ____

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Land Agent
**10b. KIND OF BUSINESS OR INDUSTRY**: Land Agent
**11. BIRTHPLACE** (State or foreign country): Jackson, Mo 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Rudolph English
**13b. MOTHER'S MAIDEN NAME**: Mary Poe
**14. NAME OF HUSBAND OR WIFE**: Nettie English

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME**: Nettie English
ADDRESS: Benton, 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) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ____
DUE TO (c) ____

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral arteriosclerosis — 3yr +

**19a. DATE OF OPERATION**: none
**19b. MAJOR FINDINGS OF OPERATION**: 4200
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June, 1948, *to* Apr 28, 1951, *that I last saw the deceased alive on* Apr 28, 1951, *and that death occurred at* 10:20P *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): E. Olson Lolving M D
**23b. ADDRESS**: Charleston, Mo
**23c. DATE SIGNED**: 4/30/51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 5/1/51
**24c. NAME OF CEMETERY OR CREMATORY**: Maynard Cemetery
**24d. LOCATION** (City, town, or county) (State): Diehlstadt, Mo

DATE REC'D BY LOCAL REG.: June-5-51
REGISTRAR'S SIGNATURE: Mrs Addie Harris
3.95
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS**: Nunnelee Funeral Chapel, Charleston, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 6 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 651-126

## 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 Edward E. [illegible]

Licensed Embalmer No. 4164

P. O. Address Charleston, 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.