

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

23284

State File No. _____

BIRTH DATE DECEASED JUN 20 1952 REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SIKESTON</u>	
c. LENGTH OF STAY (In this place) <u>17 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>403 PROSPERITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. DELTA COMM. HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BERT</u> b. (Middle) <u>BLISS</u> c. (Last) <u>ENGRAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 31, 1952</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-9-1884</u>
9. AGE (In years last birthday) <u>67</u>		# UNDER 1 YEAR Months _____ Days _____	# UNDER 10 YRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>TEXAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>WM. ENGRAM</u>	13b. MOTHER'S MAIDEN NAME <u>MARY CANOY</u>	14. NAME OF HUSBAND OR WIFE <u>AMY HOLLINGSWORTH</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>	16. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VANCE ENGRAM</u>
		ADDRESS <u>SIKESTON, MO.</u>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis & Uremic Coma</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardiovascular disease</u> DUE TO (c) <u>Bronchitis & Bronchiectasis</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 5-21, 1952 to 5-31, 1952, that I last saw the deceased alive on 5-31, 1952 and that death occurred at 7:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Edmund Rasmussen</u>	(Degree or title)	23b. ADDRESS <u>Sikeston, Mo.</u>	23c. DATE SIGNED <u>5-31-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>6-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston Mo</u>
DATE REC'D BY LOCAL REG. <u>6-13-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Olla Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weld Funeral Home - Sikeston Mo</u>	

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

0.300
0.48

RECEIVED JUN 16 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-176

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.