

EV. 10-48 OCT 2 1952

STANDARD CERTIFICATE OF DEATH

State File No. **32164**

BIRTH NO. _____ REG. DIST. NO. **383** PRIMARY REG. DIST. NO. **5655** Registrar's No. **3**

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) Jasper	
c. LENGTH OF STAY (In this place) 3 1/2 days		d. STREET ADDRESS (If rural, give location) Route 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED a. (First) Emma		b. (Middle) Engle		c. (Last) Engle		4. DATE OF DEATH (Month) (Day) (Year) August 31, 1952	
5. SEX Fe.		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 1, 1884	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Samuel Etcheson		13b. MOTHER'S MAIDEN NAME Mary Mayfield		14. NAME OF HUSBAND OR WIFE Lee Engle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Wilson Peck, Mt. Vernon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of lung				about 5 months	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbidity 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 27**, 1952, to **August 31**, 1952, that I last saw the deceased alive on **Aug 31**, 1952, and that death occurred at **8:03 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Hellweg M.D.		(Degree or title)		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 8-31-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-31-52		24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Mo.	
DATE REC'D BY LOCAL REG. 9-3-52		REGISTRAR'S SIGNATURE Carl Hendricks		25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Childs		ADDRESS Lamar Mo	

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

0550

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 Clarence H. Cheley

Licensed Embalmer No. 3473

P. O. Address Lima, 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.