No. 300
10.48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34903

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 60

0830

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

1. PLACE OF DEATH
a. COUNTY: Platte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parkville
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 Main St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Platte
c. CITY OR TOWN: Parkville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 502 Main St 0830

3. NAME OF DECEASED (Type or Print): a. (First) Mary. b. (Middle) (None) c. (Last) Engleman.

4. DATE OF DEATH (Month) (Day) (Year): Sept 30 - 54

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 28.
9. AGE (In years last birthday): 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home.
11. BIRTHPLACE (City and State or Foreign Country): Overland Park, Kan
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Julius Millert
13b. MOTHER'S MAIDEN NAME: Sylvia Van Hoet
14. NAME OF HUSBAND OR WIFE: Floyd Engleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 381-10-4454
17. INFORMANT'S SIGNATURE OR NAME: Floyd Engleman ADDRESS: Parkville Mo 502 Main

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) Abdominal Carcinomatosis

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intestinal Obstruction

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 5-22-54
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of ileum 152 X
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 May, 1954, to Sept 30, 1954, that I last saw the deceased alive on Sept 28, 1954, and that death occurred at — m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Underwood MD
23b. ADDRESS: 1600 Prof Bldg Kansas City Mo.
23c. DATE SIGNED: 10/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 3-54
24c. NAME OF CEMETERY OR CREMATORY: Walnut Grove.
24d. LOCATION (City, town, or county) (State): Parkville. Mo

DATE REC'D BY LOCAL REG.: Oct 3-54
REGISTRAR'S SIGNATURE: Ophia Rollins 257
25. FUNERAL DIRECTOR'S SIGNATURE: Leland H Francis ADDRESS: Parkville Mo

(Licensed Embalmer's Statement on Reverse Side)

OCT 1954
RECEIVED
PLATTE COUNTY
HEALTH DEPT
By.....

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leland H. Francu

Licensed Embalmer No. 34

P. O. Address Parku

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.