

FILED DEC 1 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38011

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 33574

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>MONROE CITY</b>	
c. LENGTH OF STAY (in this place) <b>15 Days</b>		d. STREET ADDRESS (If rural, give location) <b>104 S. MAIN ST</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST ELIZABETH HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>THOMAS</b>	b. (Middle) <b>ELMER</b>	c. (Last) <b>ENGLE</b>	4. DATE OF DEATH (Month) <b>NOV</b> (Day) <b>17</b> (Year) <b>1954</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>	8. DATE OF BIRTH <b>APRIL 5 1875</b>	9. AGE (In years last birthday) <b>79</b> if under 1 year Months <b>7</b> Days <b>12</b> if under 1 hr. Hours <b>12</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DAY LOBOHER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MONROE COUNTY, MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE W. ENGLE</b>	13b. MOTHER'S MAIDEN NAME <b>ANNIE M. ABLE</b>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Chas Engle Monroe City Mo</b> ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Benign Prostatic Hypertrophy</b>		INTERVAL BETWEEN ONSET AND DEATH <b>15-20 years</b>
	ANTECEDENT CAUSES A forbidding 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 <b>11-12-54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Enlarged prostate</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>Monroe City Monroe Missouri</b>
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 Nov. 2, 1954, to Nov. 17, 1954, that I last saw the deceased alive on Nov. 17, 1954, and that death occurred at 6 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Charles A. Johnson MD</b>	23b. ADDRESS <b>211 No. Main Monroe City, Mo</b>	23c. DATE SIGNED <b>11-19-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>11-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HOLY ROSARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>MONROE CITY, MO</b>
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DATE REC'D BY LOCAL REG. <b>11-22-54</b>	REGISTRAR'S SIGNATURE <b>Dr. E.M. Lucke By W.C. Fisher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SON'S</b> ADDRESS <b>277 MONROE CITY, MO</b>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 20 1954 HEALTH DEPT.  
STATE HEALTH DEPT.  
NOV 20 1954

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 Leslie L. Johnson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.