

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41257

State File No. ....

FILED JAN 4 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Bedford</u> )	c. LENGTH OF STAY (In this place) <u>4 da.</u>	c. CITY OR TOWN <u>Hawkpoint</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>0570</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>FRANCIS</u>	b. (Middle) <u>ANTHONY</u>	c. (Last) <u>ENGELHARDT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DECEMBER 22. 1955</u>
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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>Oct. 11 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>11</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Ret.)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Antonia MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Herman Engelhardt</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Boehn</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Engelhardt</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edith Engelhardt</u>	ADDRESS <u>Hawkpoint MO.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Lobar Pneumonia</u>		<u>5 days</u>
	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. <u>Congestive Heart Failure</u>		<u>490X</u>	<u>6 mos</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 12-16, 1955, to Dec. 22, 1955, that I last saw the deceased alive on 12-22, 1955, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Louis P. Heltay MD</u>	23b. ADDRESS <u>324 Wood, Troy, MO</u>	23c. DATE SIGNED <u>12-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warrenton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrenton MO.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-1955</u>	REGISTRAR'S SIGNATURE <u>Emmanuel B. Riddle</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wayne M. Ebery</u>	ADDRESS <u>Troy MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Wayne M. Coy*.....  
Licensed Embalmer No. 8576

P. O. Address Troy 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.