

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 3 - 1956

State File No. **7949**

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **5040** Registrar's No. **29**

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison	
b. CITY OR TOWN Rural - Buchanan		c. CITY OR TOWN Rural - Buchanan	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) Near Hamburg, Ia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Near Hamburg Iowa			

3. NAME OF DECEASED (Type or Print) CYNTHIA SELLEMA ENGLEMAN			4. DATE OF DEATH (Month) (Day) (Year) March 26 - 1956		
a. (First)	b. (Middle)	c. (Last)	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 12
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, ² WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 14 - 1871		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Trotter		13b. MOTHER'S MAIDEN NAME Mary Rader		14. NAME OF HUSBAND OR WIFE Alman Engleman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Marge Engleman, Hamburg Iowa		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 19 days
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X		20. AUTOPSY? YES <input 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) (m.)		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 **2-7, 1956**, to **3-26, 1956**, that I last saw the deceased alive on **3-26, 1956**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. N. Kurland		23b. ADDRESS Hamburg Iowa		23c. DATE SIGNED 3-29-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29-1956		24c. NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery	
				24d. LOCATION (City, town, or county) (State) Hamburg Iowa	

DATE REC'D BY LOCAL REG. March 29, 1956		REGISTRAR'S SIGNATURE Harvin J. Schaefer		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Orville Johnson Hamburg Ia	
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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 _____

myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed.....

Paul C. Johnson

Licensed Embalmer No. *2839*

P. O. Address *Hamburg Iowa*

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

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