FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

44479
STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4496 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY Shelby
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Shelbyville — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b life

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE Mo b. COUNTY Shelby
c. CITY OR TOWN Shelbyville — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First SAMUEL Middle PARKER Last ENGLE
4. DATE OF DEATH Month Dec Day 29 Year 56
5. SEX MALE
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 16-1870
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 2 Days 13 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and state or country) Shelbyville Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SAMUEL ENGLE
14. MOTHER'S MAIDEN NAME No Record
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-24-7170
17. INFORMANT Harry ENGLE Address Shelbyville

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably Ventricular Fibrillation or Cardiac Stand Still - Sudden death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) No previous diagnosis made
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4343
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec 29 1956 to Dec 29-1956 and last saw ~~her~~ him alive on Dec 29-56
Death occurred at 5:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) P. C. Archer M.D.
22b. ADDRESS Shelbyville Mo
22c. DATE SIGNED 1-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JAN-1-'57
23c. NAME OF CEMETERY OR CREMATORY IOOF Cemetary
23d. LOCATION (City, town, or county) Shelbyville (State) Mo

24. FUNERAL DIRECTOR E.P. Thompson ADDRESS Shelbyville Mo
25. DATE RECD. BY LOCAL REG. Jan 5-1957
26. REGISTRAR'S SIGNATURE Ada Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.