

Health,
Welfare
Public
Service

FILED OCT 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318334
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4322

300
-57

| | | | | | | | |
|--|-------------------------------|---|--|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>KANSAS CITY</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4720 EAST 43RD ST.</u> | | | Length of stay in 1b <u>57 YEARS</u> | | d. STREET ADDRESS (If outside, give location) <u>4720 EAST 43RD STREET</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>EMMA</u> Middle <u>LYDIA</u> Last <u>ENGLE</u> | | | | 4. DATE OF DEATH Month <u>SEPT</u> Day <u>16</u> Year <u>1957</u> | | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR 16 1883</u> | | 9. AGE (In years last birthday) <u>74</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>RICH HILL MISSOURI</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
| 13a. FATHER'S NAME <u>KNOWL CLARK</u> | | | 13b. MOTHER'S MAIDEN NAME <u>EMMA</u> | | 14. NAME OF HUSBAND OR WIFE <u>WILLIAM ENGLE SR.</u> | | |
| 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 <u>WILL ENGLE</u> | | Address <u>4720 EAST 43RD STREET KANSAS CITY MISSOURI</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Metabolic Insufficiency</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>410+</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 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 <u>about 20 years</u> <u>9/16/07</u> and last saw her alive on <u>9/16/57</u> Death occurred at <u>10:40 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>J.E. Ball</u> (Degree or title) <u>0</u> | | | | 22b. ADDRESS <u>1107 E 47th</u> | | 22c. DATE SIGNED <u>9/16/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 23b. DATE <u>SEPT 18 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u> | | 23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u> | | |
| 24. FUNERAL DIRECTOR <u>D.W. NEWCOMERS SONS</u> | | | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u> | 25. DATE RECD. BY LOCAL REG. <u>9-17-57</u> | 26. REGISTRAR'S SIGNATURE <u>Irene Marshall</u> | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Basil P. Honey*

Licensed Embalmer No. *4924*
P. O. Address *240 E. Main*

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.