

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021341

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No.

77

Primary Registration District No.

5304

Registrar's No.

199

300
-57

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Osage Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Jefferson City ⁰²⁶⁸ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 Miles S. on Route B (R#4)		Length of stay in B (R#4)	d. STREET ADDRESS (If outside, give location) Route # 4 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) August Christ Engelbrecht	First Middle Last	4. DATE OF DEATH July 10, 1958	Month Day Year
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 4, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 11 Days 6	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and state or country) Osage Bluff, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Michael Engelbrecht	13b. MOTHER'S MAIDEN NAME Thressa Fresch	14. NAME OF HUSBAND OR WIFE Mrs. Dora Engelbrecht
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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) No	16. SOCIAL SECURITY NO. 489-42-9741	17. INFORMANT Address Mrs. Dora Engelbrecht Rt. #4 J. C., Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) while working tractor turned over and crushed him to death INTERVAL BETWEEN ONSET AND DEATH 91213	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) other conditions unknown - no one saw the accident	

20a. ACCIDENT <input checked="" 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.) see item 18
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20c. TIME OF INJURY Hour ? Month 7 Day 10 Year 58 a.m. p.m.	Between after lunch and body found 7:10 PM on 7-10-58
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20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) farm	20f. CITY, TOWN, OR LOCATION Osage Bluff (near) COUNTY Cole STATE Mo.
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21. I attended the deceased from _____, to _____ and last saw her alive on _____
Death occurred at **See 20 C** _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Ben J Markway Sheriff, acting Coroner 3	22b. ADDRESS Courthouse Jefferson City Mo.	22c. DATE SIGNED 7-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 13, 1958	23c. NAME OF CEMETERY OR CREMATORY Parish Cemetery	23d. LOCATION (City, town, or county) (State) Honey Creek, Mo.
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24. FUNERAL DIRECTOR ADDRESS Victor Bercher JCMO	25. DATE RECD. BY LOCAL REG. 12 July 1958	26. REGISTRAR'S SIGNATURE R.P. Norris, MA-MR.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 21 1961.

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 *Victor Buresch*

Licensed Embalmer No. *370*
P. O. Address *JCM*

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.