

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000843

STATE FILE NUMBER

FILED JAN 12 1959

Registration District No. 115-116 Primary Registration District No. 3020 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <b>Franklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Bural-Charrette</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>	Length of stay in 1b <b>12 days</b>	d. STREET ADDRESS (If outside, give location) <b>9 miles N.W. Marthasville</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <b>VERNICE MARY ENGELAGE</b>	4. DATE OF DEATH Month Day Year <b>Jan. 3, 1959</b>
--	---

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 1, 1918</b>	9. AGE (In years at birthday) <b>40</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
-------------------------	----------------------------------	---	---	--	--------------------------------	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Marthasville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
---	--	---	---

13a. FATHER'S NAME <b>Alfred Koch</b>	13b. MOTHER'S MAIDEN NAME <b>Alma Niemeyer</b>	14. NAME OF HUSBAND OR WIFE <b>Eldon Engelage</b>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>703-05-4788</b>	17. INFORMANT <b>Eldon Engelage</b>	Address <b>Marthasville, Mo.</b>
--	---	--	-------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Obstruction Small intestine Terminal ileum</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Today</b>
DUE TO (b) <b>metastatic Cystadivocarcinoma both ovaries</b>		
DUE TO (c) _____		<b>6 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 <b>Marthasville, Mo.</b>	COUNTY <b>Warren</b>	STATE <b>Missouri</b>
---	---	--	--	-------------------------	--------------------------

21. I attended the deceased from <b>August 1958</b> , to <b>Jan 3 1959</b> and last saw her alive on <b>Jan 3 1959</b> Death occurred at <b>4 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <b>Dr. Schumier MD</b>	22b. ADDRESS <b>Marthasville, Mo.</b>	22c. DATE SIGNED <b>1-4-59</b>
--	--	-----------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/5/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Paul's Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Marthasville, Missouri</b>
--	----------------------------	--	--

24. FUNERAL DIRECTOR <b>D.P. Lichtenberg</b>	ADDRESS <b>Marthasville, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>1/6/59</b>	26. REGISTRAR'S SIGNATURE <b>F.P. Heidman</b>
---	-------------------------------------	---	--

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

