

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009382

STATE FILE NUMBER 1245

FILED MAR 26 1959

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 1245

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		Length of stay in lb. 6 YRS.	d. STREET ADDRESS (If outside, give location) 524 S. ELMWOOD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JOHN OSCAR ENGLE			4. DATE OF DEATH Month Day Year MARCH 7 1959		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DEC. 4, 1873	9. AGE (In years last birthday) 85	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) NEWSPAPER DISTRIBUTOR	10b. KIND OF BUSINESS OR INDUSTRY NEWSPAPER	11. BIRTHPLACE (City and state or country) INDEPENDENCE, KANS.	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME JOHNSUA D. ENGLE	13b. MOTHER'S MAIDEN NAME ANNA M. HOBSON	14. NAME OF HUSBAND OR WIFE JOSIE CATHERINE ENGLE
---	--	---

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. 515-14-7606A	17. INFORMANT 300 S. N. CHELSEA MERLE R. ENGLE, K. C. Mo.
--	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Gastrointestinal Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Stomal Ulcer	
	DUE TO (c) _____	
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? 1 YES <input checked="" type="checkbox"/> NO <input 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 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 April 1955 to March 7th 1959 and last saw him alive on March 7th 1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) Paul A. G. Johnson M.D.	22b. ADDRESS 5111 Indep. Ave. K.C. Mo	22c. DATE SIGNED March 7, 1959
--	---	--

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 3-10-1959	23c. NAME OF CEMETERY OR CREMATORY GRACELAND CEMETERY	23d. LOCATION (City, town, or county) (State) BURLINGTON KANSAS
---	-------------------------------	---	---

24. FUNERAL DIRECTOR C. H. BLACKMAN & SON, INC. K. C. Mo.	25. DATE RECD. BY LOCAL REG. 3-9-59	26. REGISTRAR'S SIGNATURE Neve Minshall
---	---	---

Paul A. G. Johns 93E ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Wayne Smith....., Student Embalmer No. 567.....
working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Bert B. Benne

Licensed Embalmer No. 4656
P. O. Address R. C. M.

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.