

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-037516

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9327 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

1
2 0269
3
4 D
5 1
6
7 0
8 1
9 X
10
11 036
12 81
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Missouri</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Louis</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Luke's</u>		d. STREET ADDRESS (If outside, give location) <u>1415 Kolb Drive</u>	
3. NAME OF DECEASED First <u>GENE</u> Middle <u>DEWEY</u> Last <u>Englehart</u>		4. DATE OF DEATH Month <u>Sept</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</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>10/22/1931</u> 9. AGE (last birthday) <u>31</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Architect</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Architecture</u>	
11. BIRTHPLACE (City and state or country) <u>Matthews, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>George D. Englehart</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Foster</u>	
14. NAME OF HUSBAND OR WIFE <u>Myrene Boggs Englehart</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>Mrs Myrene Englehart Jefferson City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Decerebration as a result of contusion of the cervical cord; fractured skull</u> subdural hemorrhage, suffered when auto operated by deceased went out. <u>of control in the vicinity of Sullivan Missouri Franklin County on or about 9/13/63. ACCIDENT</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Franklin County on or about 9/13/63. ACCIDENT</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) <u>see above</u>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <u>9/13/63</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <u>highway 68</u>	
20f. CITY, TOWN, OR LOCATION <u>Sullivan, Franklin Co., Missouri</u>		20g. COUNTY <u>Jefferson</u> STATE <u>Missouri</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:25 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Joseph M. Zuercher</u>		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>9-17-63</u>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept 18 1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		23d. LOCATION (City, town, or county) <u>Jefferson City, Mo.</u>	
24. FUNERAL DIRECTOR <u>Freeman Mortuary</u>		25. DATE RECD. BY LOCAL REG. <u>SEP 17 1963</u>	
26. REGISTAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

(Licensed Embalmer's Statement on Reverse Side)

OCT 01 1963

OCT 10 1963

OCT 01 1963

STATEMENT BY LICENSED EMBALMER

X
DEC

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 John J. Haines
Licensed Embalmer No. 4108

P. O. Address _____

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.