

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043509
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 225 Primary Registration District No. 5797 Registrar's No. 17

FILED DEC 6 1962

| | | | |
|---|---|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Moniteau</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Tipton</u> | | c. CITY OR TOWN <u>Tipton</u> | |
| Length of stay in 1b <u>Life</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 miles East Tipton</u> | | d. STREET ADDRESS (If outside, give location) <u>5 miles East Tipton</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ethel</u> Middle <u>Jessie</u> Last <u>Engelbrecht</u> | | 4. DATE OF DEATH Month <u>November</u> Day <u>30th</u> Year <u>1962</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>5/25/92</u> |
| 9. AGE (last birthday) <u>70</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>United Telephone Co Tipton, Missouri</u> | |
| 11. BIRTHPLACE (City and state or country) <u>U.S.A.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Wiley Petree</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jane Donley</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Clarence L. Engelbrecht</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>489-16-1962</u> | | 17. INFORMANT <u>Clarence L. Engelbrecht</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>Myocardial Infarction - Decompensated - In</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Bilateral Bronchial Pneumonia</u> DUE TO (c) <u>3 days</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 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 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 <u> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | 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 <u> </u> STATE <u> </u> | |
| 21. I attended the deceased from <u>11-28-62</u> to <u>11-30-62</u> and last saw her alive on <u>11-30-62</u> Death occurred at <u>5:10 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>[Signature]</u> (Degree or title) | | 22b. ADDRESS <u>Tipton Mo</u> | |
| 22c. DATE SIGNED <u>11-30-62</u> | | 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 23b. DATE <u>December, 2, 1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Moreau</u> | |
| 23d. LOCATION (City, town, or county) <u>7 miles S.E. Tipton, Missouri</u> | | 24. FUNERAL DIRECTOR ADDRESS <u>Jewell E. Richards--Tipton, Mo</u> | |
| 25. DATE RECD. BY LOCAL REG. <u>Dec. 4, 1962</u> | | 26. REGISTRAR'S SIGNATURE (Mrs.) <u>Maudie Hudson</u> | |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

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Rev. 4/59

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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

James E. Richards

Licensed Embalmer No. _____

P. O. Address _____

74 1st Ave. N.W.
Lipton

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.