

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

S. No. 300  
V. 10-48

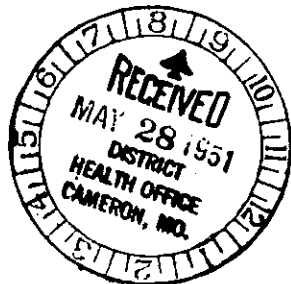
FILED JUN 5 1951

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>4446</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH a. COUNTY <u>RAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>RAY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HARDIN 0890</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HULDA</u> b. (Middle) <u>URSULA</u> c. (Last) <u>ENGBERG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 19, 1951</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN. 17, 1896</u>	
9. AGE (In years last birthday) <u>55</u>		10. MONTHS <u>4</u>		11. DAYS <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPING</u>			11. BIRTHPLACE (State or foreign country) <u>BROWNING, Mo</u>	
13a. FATHER'S NAME <u>W. P. BREEDING</u>			13b. MOTHER'S MAIDEN NAME <u>VENA NEIGHBOR</u>			13c. NAME OF HUSBAND OR WIFE <u>JES ENGBERG</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>494-30-6529</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Basil Engberg</u> ADDRESS <u>Hardin, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Portal cirrhosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, hypertension, coronary insufficiency</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 mo.</u> <u>8 yrs.</u>
19a. DATE OF OPERATION <u>4/30/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of liver</u> <u>5810</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) - (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov 15, 1950</u> , to <u>May 19, 1951</u> , that I last saw the deceased alive on <u>May 17, 1951</u> , and that death occurred at <u>4:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. N. Johnson M.D.</u> (Degree or title)				23b. ADDRESS <u>Richmond, Mo</u>		23c. DATE SIGNED <u>5/20/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 21, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC CEM</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 20-1951</u>		REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lerson Funeral Service, Bucklin, Mo</u> ADDRESS <u>Bucklin, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

0890  
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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 .....  
Student Embalmer

Signed..... *C. A. Larson* .....

Licensed Embalmer No. *4037* .....

P. O. Address *Bucklin, Mo.* .....

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 this body is not embalmed, fact should be so stated above.