

FILED MAY 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15180

BIRTH NO. _____		REG. DIST. NO. 52		PRIMARY REG. DIST. NO. 51-82		Registrar's No. 67	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>			
b. CITY (If outside corporate limits, write BURAL and give township) <u>Rural Shawnee</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 yrs.</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Rural Shawnee</u>		d. STREET ADDRESS (If rural, give location) <u>7 mile West Jackson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7-Northeast Jackson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 10-54</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOUVERNA</u> b. (Middle) <u>—</u> c. (Last) <u>ENGLEHART</u>				5. SEX <u>Female</u>			
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>widowed</u>		8. DATE OF BIRTH <u>July 27, 1874</u>		9. AGE (In years last birthday) <u>81</u> If under 1 year: Months _____ Days _____ If under 1 mo.: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work, department or sort of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>near Jackson Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Mc Dowell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Brown</u>		14. NAME OF HUSBAND OR WIFE <u>Philip 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'S SIGNATURE OR NAME <u>W.H. Englehart, Jackson Mo.</u>			
19. 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, accident, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Affected conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)			
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>June, 1948</u> to <u>May 10, 1954</u> , that I last saw the deceased alive on <u>May 7, 1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C.F. McDonald, M.D.</u>				23b. ADDRESS <u>Jackson, Mo.</u>		23c. DATE SIGNED <u>5-11-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 11, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Fruitland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 29-54</u>		REGISTRAR'S SIGNATURE <u>D.G. Seiber</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McNelly</u>		ADDRESS <u>Jackson Mo.</u>	

(Licensed Embalmer's Signature on Reverse Side)

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

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 *Gene C. Cooney*

Licensed Embalmer No. *4327*

P. O. Address *Frederick, Md.*

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.