URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 043853
STATE FILE NUMBER

FILED VS DEC 28 1959

Registration District No. 119 Primary Registration District No. 5936 Registrar's No. 51

AMENDED

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bay (Boulware Twp)
Length of stay in 1b: 84 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (Bay, Mo)
Inside Limits: Yes # No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Gasconade
c. CITY OR TOWN Bay
Inside Limits: Yes # No
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes No #

3. NAME OF DECEASED (Type or print): First AMANDA Middle DOROTHEA Last ENGELBRECHT

4. DATE OF DEATH: Month December Day 17 Year 1959

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. Married ☐ Never Married ☐ Widowed # Divorced ☐
8. DATE OF BIRTH: 8/13/1875
9. AGE (last birthday): 84
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: Household
11. BIRTHPLACE (City and state or country): Bay, Missouri
12. CITIZEN OF WHAT COUNTRY: U. S.

13a. FATHER'S NAME: Simon Boeger
13b. MOTHER'S MAIDEN NAME: Charlotte Peters
14. NAME OF HUSBAND OR WIFE: Ernst Engelbrecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Ruben Engelbrecht, Address: Bay, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arterial Sclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): General Arterial Sclerosis
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Thrombosis Six Months Ago

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1955 to 1959 and last saw her alive on 12-15-59
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Charles Schumacher M.D.
22b. ADDRESS: Gerald
22c. DATE SIGNED: 12-19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/20/1959
23c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
23d. LOCATION (City, town, or county) (State): RFD Bay, Mo

24. FUNERAL DIRECTOR: Hugo H. Blumer ADDRESS: Hermann, Mo
25. DATE RECD. BY LOCAL REG.: 12-19-59
26. REGISTRAR'S SIGNATURE: Delma Uffelman

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)