

FILED FEB 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4212**

BIRTH NO. _____		REG. DIST. NO. 53	PRIMARY REG. DIST. NO. 3010	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1123 North Middle Street		d. STREET ADDRESS (If rural, give location) 1123 North Middle Street		
3. NAME OF DECEASED (Type or Print)		a. (First) Rebecca	b. (Middle) Caroline	c. (Last) Angle
4. DATE OF DEATH (Month) (Day) (Year) Feb. 7th 1949				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 26, 1871	9. AGE (In years last birthday) 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) her own housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Bollinger County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME John Cole		13b. MOTHER'S MAIDEN NAME Don't Know		14. NAME OF HUSBAND OR WIFE Henry Angle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H. K. Angle ADDRESS 1123 No. Middle City.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured hip ANTECEDENT CAUSES Part her feet years ago - her feet were swollen and she had to use crutches and she had to call another physician DUE TO (b) her feet were swollen and she had to use crutches and she had to call another physician DUE TO (c) her feet were swollen and she had to use crutches and she had to call another physician II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND 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) Cape Girardeau (COUNTY) Mo. (STATE) 115
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1945 - until death Feb 7 (current) , 1949, that I last saw the deceased alive on April 7, 1949 , and that death occurred at 8:40 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. H. Wenevat M.D. (Degree or title)		23b. ADDRESS Cape Girardeau		23c. DATE SIGNED 2-10-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.				
DATE REC'D BY LOCAL REG. Feb 14 - 1949		REGISTRAR'S SIGNATURE C. C. Summer		25. FUNERAL DIRECTOR'S SIGNATURE L. D. Laman ADDRESS 107 So. Spring St Cape Girardeau, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4816
4

RECEIVED

Health Officer No. 4
Number 249-2
2-21-49

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 Howard R. Blanton

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.