

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36639

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 70 PRIMARY REG. DIST. NO. 4124 Registrar's No. 60

23

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

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Clark</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Wyoming</b> b. COUNTY <b>Albany</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>Kahoka, 3</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) <b>Laramie 711</b>   |  |
| c. LENGTH OF STAY (In this place) <b>4 hours</b>                                      |  | d. STREET ADDRESS (If rural, give location) <b>9</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |   |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>a. (First) <b>Albert</b> b. (Middle) <b>Clarence</b> c. (Last) <b>England</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>11--26-1949</b> |  |  |
|--|--|--|--|--|--|

|                 |                           |   |                                      |   |                             |                             |
|-----------------|---------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|
| 5. SEX <b>M</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>Oct 27, 1885</b> | 9. AGE (In years last birthday) <b>64</b> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
|-----------------|---------------------------|---|--------------------------------------|---|-----------------------------|-----------------------------|

|   |  |  |   |
|---|--|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Garage Service</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Motor Sales</b> | 11. BIRTHPLACE (State or foreign country) <b>Clark County Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U S A</b> |
|---|--|--|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME <b>Allen England</b> | 13b. MOTHER'S MAIDEN NAME <b>Viola Jones</b> | 14. NAME OF HUSBAND OR WIFE <b>Jennie Titus</b> |
|---|--|---|

|   |                         |   |
|---|-------------------------|---|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>W England</b> ADDRESS <b>1153-29th St Indole</b> |
|---|-------------------------|---|

|   |  |  |                                  |
|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Angina Pectoris</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary</b> |  |                                  |
|   | DUE TO (c) <b>Atherosclerosis</b>  |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 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) 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 **Nov 26 only, 1949**, that I last saw the deceased alive on **Nov 26, 1949**, and that death occurred at **9:00** m., from the causes and on the date stated above.

|   |                               |                                  |
|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>A. Bridges M.D.</b> | 23b. ADDRESS <b>Kahoka Mo</b> | 23c. DATE SIGNED <b>11-28-49</b> |
|---|-------------------------------|----------------------------------|

|  |                             |   |  |
|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b> | 24b. DATE <b>11-28-1949</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Laramie Wyoming</b> | 24d. LOCATION (City, town, or county) (State) <b>Laramie Wyoming</b> |
|--|-----------------------------|---|--|

|   |  |   |
|---|--|---|
| DATE REC'D BY LOCAL REG. <b>Nov 28-49</b> | REGISTRAR'S SIGNATURE <b>A Bridges</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul &amp; Nadia Kahoka</b> ADDRESS <b>Mo</b> |
|---|--|---|

JUN 20 1950

OCT 6 1950

RECEIVED DEC 6 1949

District Health Officer No.

District File Number 12-49-20

Date Filed DEC 6 1949

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 Fred J. Karle

Licensed Embalmer No. 1023

P. O. Address Kahoka, 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.