

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7792

FILED MAR 28 1952

State File No.

75

BIRTH NO. _____		REG. DIST. NO. <u>977</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Jefferson City</u>		0264		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still Osteopathic Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>200 Buchanan</u>				
3. NAME OF DECEASED (Type or Print) <u>Catherine Angelbeck</u>			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 22-1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>May 12, 1882</u>		9. AGE (In years last birthday) <u>69</u>	10. UNDER 1 YEAR <u>10</u> Months	11. UNDER 10 HOURS <u>10</u> Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Concordia, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Louis Hinx</u>		13b. MOTHER'S MAIDEN NAME <u>Adelheid Schowley</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Angelbeck</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, state year or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Angelbeck</u>		ADDRESS <u>Jeff. City 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>With Metastasis</u>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) _____				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (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. 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. _____				
22. I hereby certify that I attended the deceased from <u>2-14, 1952</u> to <u>3-22, 1952</u> , that I last saw the deceased alive on <u>3-22, 1952</u> and that death occurred at <u>4:40</u> p.m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Spencer Macauley</u>				23b. ADDRESS <u>503 W. M. Carey</u>		23c. DATE SIGNED <u>3-22-52</u>		
24a. BURIAL / CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar 22 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Concordia Mo.</u>			
DATE REC'D BY LOCAL REG. <u>March 22 1952</u>		REGISTRAR'S SIGNATURE <u>R.P. Dorris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Moore</u> ADDRESS <u>712 Jefferson</u>				

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

266

NOV 17 1907

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 J. M. Miller

Licensed Embalmer No. 3641

P. O. Address Genev.

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.