

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

8751

State File No.

FILED APR 10 1953

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5112A Registrar's No. 19

0090
 1

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

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sedgewickville, Mo</u>		c. LENGTH OF STAY (In this place) <u>70 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Sedgewickville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles S Sedgewickville Mo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 miles South Sedgewickville</u>			d. STREET ADDRESS (If rural, give location) <u>7 miles S Sedgewickville Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>LUTHER</u> c. (Last) <u>ANGLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 14, 1880</u>	9. AGE (In years) (If under 1 year: Months) (If under 12 months: Days) (If under 12 hours: Hours) (If under 15 minutes: Mins.) <u>72</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stock Grain</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>near Sedgewickville Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Angle</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Kellian</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Angle</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 ADDRESS <u>Mrs. Dewey Hahn Tullersville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombi</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>			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) (Min.)
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>Mar 27th</u> , 19 <u>53</u> , to <u>Mar 31st</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Mar 31</u> , 19 <u>53</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Eslev. Crites Sr. Mo</u>			23b. ADDRESS <u>Sedgewickville Mo</u>		23c. DATE SIGNED <u>4/4/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>April 4, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo</u>	
DATE REC'D BY LOCAL REG. <u>April 6, 1953</u>	REGISTRAR'S SIGNATURE <u>W. L. Van... ..</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. Miller</u>		ADDRESS <u>Jackson Mo.</u>

(Licensed Embalmers' Statement on Reverse Side)

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. Garscott

Licensed Embalmer No. 4377

P. O. Address Jackson, 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.