

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 30 1954

STANDARD CERTIFICATE OF DEATH

40268

State File No. _____

BIRTH NO. 25854-54 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>1330 Meadow Lane</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Janett</u>		b. (Middle) <u>Alice</u>		c. (Last) <u>Wangelin</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>12-14-54</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>		8. DATE OF BIRTH <u>12-11-54</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR: Months <u>4</u> Days <u>4</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>H.K. Wangelin</u>		13b. MOTHER'S MAIDEN NAME <u>Freda Buffington</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>H.K. Wangelin</u>		ADDRESS <u>Poplar Bluff, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u>					
DUE TO (c) <u>Pulmonary atelectasis L. lung</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Complete - Partial atelectasis R. lung</u>					
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) (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>12-11-1954</u> to <u>12-14-1954</u> , that I last saw the deceased alive on <u>12-14-1954</u> , and that death occurred at <u>1:45 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>MD</u>			23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>12/20/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Gardens</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Creer Croy & Fitch</u> ADDRESS <u>Poplar Bluff Mo.</u>			
DATE REC'D BY LOCAL REG. <u>12/23/54</u>		REGISTRAR'S SIGNATURE <u>B. D. Mueller</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 27 1954

BUTLER CO. HEALTH CENTER

FILE No. _____

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.

Not Embalmed

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.