

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 238

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No.

1. PLACE OF DEATH

a. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give town or township) St. Joseph

c. LENGTH OF STAY (in this place) 18+ yrs

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) 3622 Virginia Avenue 3538

3. NAME OF DECEASED (Type or Print)

a. (First) WILLIAM b. (Middle) ANGELBECK c. (Last) ANGELBECK

4. DATE OF DEATH (Month) (Day) (Year) FEB. 24, 1956

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH Aug 25, 1897 9. AGE (In years last birthday) 58

If UNDER 1 YEAR: Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Joseph, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Herman F. Angelbeck

13b. MOTHER'S MAIDEN NAME Betty Allison

14. NAME OF HUSBAND OR WIFE Not given

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Herman F. Angelbeck ADDRESS 3622 Virginia Ave., Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status epilepticus or admission

ANTECEDENT CAUSES

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

DUE TO (b) Epilepsy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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 NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 31, 1955, to Feb 24, 1956, that I last saw the deceased alive on Feb 23, 1956, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Forrest Thomas, M.D.

23b. ADDRESS State Hospital #2, City

23c. DATE SIGNED 2/25-56

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Feb 27, 1956

24c. NAME OF CEMETERY OR CREMATORY Mt Mora Cemetery

24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.

DATE REC'D BY LOCAL REG. Mar 5, 1956

REGISTRAR'S SIGNATURE Ether M. Allison 485

25. FUNERAL DIRECTOR'S SIGNATURE Stamey Funeral Home, St. Joseph, Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

300
46

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.....
Signature of Student Embalmer

Signed *Charles E. Bennett*.....

Licensed Embalmer No. *4677*

P. O. Address *St. Joseph*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.