

FILED FEB 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006658
State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 5

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1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PERRYVILLE</u>		c. CITY OR TOWN <u>RURAL</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>15 Mos.</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR SCOPUS 0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE LAWN NURSING HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>ANGLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1-12-1958</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>3-15-1887</u>
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FACTORY WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOX FACTORY</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BOLLINGER Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>HENRY DALLAS ANGLE</u>	13b. MOTHER'S MAIDEN NAME <u>REBECCA COLE</u>	14. NAME OF HUSBAND OR WIFE <u>DECEASED</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) <u>-</u>	16. SOCIAL SECURITY NO. <u>498-10-3327A</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>DALE ANGLE 108 So. HANOVER ST. CAPE GIRARDEAU, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post Paralysis</u> DUE TO (c) <u>Stroke</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> 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)	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 5⁴², 1958, to 1-12, 1958, that I last saw the deceased alive on 1-12, 1958, and that death occurred at 5:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. M. Medman</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Perryville</u>	23c. DATE SIGNED <u>1-15-58</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-14-1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE Mo.</u>		

DATE REC'D BY LOCAL REG. <u>1-26-58</u>	REGISTRAR'S SIGNATURE <u>Joseph Joellner</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>BAKER FUNERAL HOME LUTESVILLE, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 19 1958

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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Md.

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.