

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-008835

STATE FILE NUMBER

FILED MAR 23 1959

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 79

300  
1-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		c. CITY OR TOWN <u>Jefferson City</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Crestview Star Route # 2</u>		d. STREET ADDRESS <u>Crestview Star Route # 2</u>	
Length of stay in lb <u>six months</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>MILDRED</u> Middle <u>LOUISE</u> Last <u>ANGELL</u>			4. DATE OF DEATH Month <u>March</u> Day <u>16th</u> Year <u>'59</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 6th 1918</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>State Government</u>	11. BIRTHPLACE (City and state or country) <u>Centralia, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Jesse Roberts</u>	13b. MOTHER'S MAIDEN NAME <u>Flossie Roberts</u>	14. NAME OF HUSBAND OR WIFE <u>James Buford Angell</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>494-22-8703</u>	17. INFORMANT <u>James B. Angell</u>	Address <u>Missouri Star Rt # 2, Jeff City</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18a) <u>Woman had been patient of Dr. Ben Jolly, Mexico, Mo treated for several years for a heart condition. Died while in sleep. Autopsy revealed death due to coronary occlusion.</u>
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Jefferson City, Cole, Mo.</u>

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at about 10 or 11 PM ?? m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>R. P. Dorrie</u>	(Degree or title) <u>3</u>	22b. ADDRESS <u>630 Adams St - Jefferson City, Mo</u>	22c. DATE SIGNED <u>3/16/59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>March 18th 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>
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24. FUNERAL DIRECTOR <u>Arnold Service, Mexico, Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>18 March 1959</u>	26. REGISTRAR'S SIGNATURE <u>R. P. Dorrie, MD MR</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

By Ranner Service - Jerns

(Licensed Embalmer's Statement on Reverse Side)  
16 March 1959

2051 8 8 1950

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 *Donald R. Stearns*

Licensed Embalmer No. *4623*

P. O. Address *St. Louis*

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.