

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016537  
STATE FILE NUMBER

FILED MAY 5 1959 Registration District No. 360 Primary Registration District No. 6215 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Darlington		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R R Horton		Length of stay in lb Unknown	d. STREET ADDRESS (If outside, give location) Unknown		
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Alvene Angle			4. DATE <del>OF</del> Found DEATH Month Day Year 4 16 59		
5. SEX M O W	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-31-1922	9. AGE (In years last birthday) 37	
IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (City and state or country) Island City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Lawrence Angle		13b. MOTHER'S MAIDEN NAME Leta Edson		14. NAME OF HUSBAND OR WIFE Unknown	
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. Not Avail	17. INFORMANT Address Police Records State Of Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gunshot wound					INTERVAL BETWEEN ONSET AND DEATH instant
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) Skull fracture due to gunshot wound					19. WAS AUTOPSY PERFORMED? A YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) apparent murder victim			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. Unknown					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Unknown	COUNTY	STATE
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Richard M. Johnson</i>		(Degree or title) Coroner 3	22b. ADDRESS Nevada, Vernon, Mo.		22c. DATE SIGNED 4-24-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-24-59	23c. NAME OF CEMETERY OR CREMATORY ROUSE	23d. LOCATION (City, town, or county) STANBURY	(State) Mo.	
24. FUNERAL DIRECTOR Johnson Funeral Home		ADDRESS -STANBURY, Mo.	25. DATE RECD. BY LOCAL REG. 4-29-1959	26. REGISTRAR'S SIGNATURE <i>Ormal E. Perry</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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All diseases in Part I must be causally related.

MAY 19 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed <sup>NOT</sup> by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *W. C. McRae* .....

Licensed Embalmer No. 4853

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