MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-008551

STATE FILE NUMBER

AMENDED

FILED APR 4 1961

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fayette — Length of stay in 1b: 6 Weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rhodes Nursing Home — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cooper
c. CITY OR TOWN Boonville — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 1000 Sixth St. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Peter Middle Last Angerman
4. DATE OF DEATH Month March Day 25 Year 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH Sept. 15, 1880
9. AGE (last birthday) 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (City and state or country) Cooper County, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frederick Angerman
13b. MOTHER'S MAIDEN NAME Louise Walthers
14. NAME OF HUSBAND OR WIFE Stella Long Angerman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.
17. INFORMANT Address Mrs. C. I. Smith, Franklin, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) atherosclerotic heart disease — unkt.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cerebral vascular accident
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No X ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ natural
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year none
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 16, 1961 to Mar 25, 1961 and last saw him/her alive on Mar 16, 1961
Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M. J. Shaw, Jr M.D.
22b. ADDRESS Lee Hospital, Fayette, Mo
22c. DATE SIGNED 3-27-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE March 28, 1961
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove
23d. LOCATION (City, town, or county) (State) Boonville, Missouri.

24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.
25. DATE RECD. BY LOCAL REG. 3-27-61
26. REGISTRAR'S SIGNATURE Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Wm Wood.
Signature of Student Embalmer

Licensed Embalmer No. 4539

P. O. Address Boonville, 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.