

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26213

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Butler
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
204 S. Mechanic
(If not in hospital or institution, write street number or location)
(d) Length of stay: 10 in hospital or institution (Specify whether
In this community 10 years years, months or days)

3. (a) PRINT FULL NAME Lillie Belle Angel

3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Jefferson (c) Age of husband or wife if alive 85 years
7. Birth date of deceased June 7 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 5 hr. min.

9. Birthplace Nebraska City Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Mullis
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Dryden
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant D. Angel
(b) Address Butler Missouri

17. (a) Burial (b) Date there Aug-19-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairfax, Missouri

18. (a) Signature of funeral director Culver-Underwood
(b) Address North Main

19. (a) Aug 15-1946 (b) Kendall Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
(c) City or town Butler
(If outside city or town limits, write "RURAL")
(d) Street No. 204 S. Mechanic
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12th
year 1946 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 10 46 to Aug 12 46
that I last saw him alive on Aug 10 46
and that death occurred on the date and hour stated above.
Immediate cause of death

Chronic Myocarditis
Due to Chronic
Arteriosclerosis
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury
23. Signature W. L. Leland (M. D. or other)
Address Butler MO Date signed 8/14/46

(Licensed Emballer's Statement on Reverse Side)

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

25039

RECEIVED

7-46-848

8-20-46

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.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed.....

John B. Underwood

Licensed Embalmer No.....

3585

P. O. Address.....

Butte 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 this body is not embalmed, fact should be so stated above.