

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948
Registration District No. 4311

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 4311

State File No. 13319
Registrar's No. 27

1. PLACE OF DEATH:
(a) County Macon
(b) City or town Callao
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: -
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution - (Specify whether
In this community - years, months or days)

3. (a) PRINT FULL NAME Jasie Angus
3. (b) If veteran, name war -
3. (c) Social Security No. -

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased March 23 1972
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days - If less than one day - hr. - min.

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

10. Usual occupation domestic

11. Industry or business -

12. Name James M. Summers

13. Birthplace Macon Co. (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Terrell

15. Birthplace Macon Co. (City, town, or county) (State or foreign country)

16. (a) Informant F. M. Mayhew

(b) Address Callao

17. (a) Burial (b) Date thereof 4-4-48
(Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation Callao

18. (a) Signature of funeral director W. L. Edwards

(b) Address Callao

19. (a) 4-27-48 (b) Josephine King
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Macon
(c) City or town Callao
(If outside city or town limits, write "RURAL")
(d) Street No. - (If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 3
year 1948 hour 4 minute 0 M.

21. I hereby certify that I attended the deceased from March 27 1948 to April 3 1948
that I last saw her alive on April 3 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy

Due to Hypertensive Heart Disease

Due to Arteriosclerosis

Other conditions -
(Include pregnancy within 3 months of death)

Major findings:
Of operations 938

Of autopsy -

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? 2
(Specify type of place)

While at work - (e) Means of injury -

23. Signature A. L. Durkin (M. D. or other)

Address Macon Date signed 4/4/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 10
District File Number 5-48-783
Date Filed MAY 5 1948

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

Licensed Embalmer No. 1961

P. O. Address Beverly Hills

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.