

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4484

State File No.

BIRTH NO.		REG. DIST. NO. <u>120</u>		PRIMARY REG. DIST. NO. <u>5449</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Gentry - Jackman Twp</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>King City</u> b. COUNTY <u>Gentry</u> Mo. <u>38</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City R.R. # 1</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City R.R. # 1 - Jackman Twp</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Farm home of daughter</u>				d. STREET ADDRESS (If rural, give location) <u>a King City Mo. R.R.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Nelson</u>		b. (Middle) <u>P. Angle</u>		c. (Last)	
4. DATE OF DEATH		(Month) <u>1</u> (Day) <u>29</u> (Year) <u>1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>12.9.1870</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>20</u> IF UNDER 24 HRS. Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Minnie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Angle</u>		ADDRESS <u>King City Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4500		INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Jan 22, 1949</u> , to <u>Jan 29, 1949</u> , that I last saw the deceased alive on <u>Jan 27, 1949</u> , and that death occurred at <u>5:55 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Jack C. Barnes</u> (Degree or title) <u>Dr.</u>		23b. ADDRESS <u>King City, Mo.</u>		23c. DATE SIGNED <u>2-1-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2.1.1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Empire Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo. R.R.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. S. Taggart</u> ADDRESS <u>King City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 5-49</u>		REGISTRAR'S SIGNATURE <u>Harold A. Minkley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. S. Taggart</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed _____

R. B. Taggart

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.